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En Réfléchissant— Evoluons-nous!

EVOLUER, c'est se transformer progressivement, disent les dictionnaires. Evoluons-nous à l'Association des Infirmières de la Province de Québec? Fondée en 1920 par des infirmières qui possédaient un idéal très élevé de la profession, l'association a sans cesse progressé pour le bénéfice de la population et de ses membres. En 1943, elle obtenait de la Législature, le privilège de se décentraliser en association de districts et d'exiger des étudiantes-infirmières comme minimum de scolarité, la onzième année ou le "Junior Matriculation." Continuant ses démarches et ses efforts, pour le plus grand bien des malades, pour la protection du public et de ses membres, en 1946 l'Assemblée Législative lui octroyait, non seulement le droit d'approuver les écoles d'infirmières, mais aussi le droit de réglementer l'admission à l'étude et à l'exercice de la profession. C'était la première province du Canada à obtenir de tels privilèges. Ce droit oblige toutes les aspirantes à l'étude de la profession et toutes les candidates à l'exercice de la profession à se munir respectivement, de l'Association des Infirmières de la Province de Québec, d'une carte d'admission à l'étude ou d'une licence donnant droit à l'exercice de la profession.

En nous obtenant le status de professionnelle cette législation nous a permis également de connaître l'effectif d'infirmières dans la province. Néanmoins, la difficulté éprouvée à

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ANNONCIADE MARTINEAU

définir et à spécifier où commencent et finissent les tâches exclusives à la profession d'infirmières a créé des problèmes qui compliquent l'application de cette loi. Une loi, dit-on, pour être efficace doit être appliquée avec la préoccupation constante du bien commun et être l'objet d'une surveillance adéquate.

Dans son numéro d'octobre, 1950, célébrant son cinquantième anniversaire, l'*American Journal of Nursing* reproduisait un article de Miss Lavinia L. Dock paru dans le premier numéro de la revue—octobre, 1900. Dans cet article, Mlle Dock, infirmière d'une compétence et d'une vision remarquables, et qui a fait sa marque dans le monde des infirmières, discute des avantages et des désavantages d'une loi contrôlant le nursing. Elle démontre clairement que la complexité des problèmes suscités par une telle loi exige suffisamment d'intérêt et des efforts concertés et continus de la part des membres afin d'en rendre l'application possible, sans quoi, cette loi serait inutile.

Ceci étant dit, voyons les résultats: Quelques chiffres démontrant l'augmentation des membres:

1945	
Nombre total des membres ainsi répartis	6,029
Membres pratiquants	5,258
Membres non pratiquants	771
1950	
Nombre total des membres ainsi répartis	10,512
Membres pratiquants	8,055
Membres non pratiquants	2,457

Le nombre de membres a presque doublé en cinq ans. A la suite de publicité et d'avis, plusieurs infirmières négligentes à payer leur cotisation se sont prévalues du règlement de faveur qui se lit comme suit:

> Tout membre arriéré dans ses cotisations peut être réinstallé comme membre en règle sur paiement par lui du droit de renouvellement annuel pour chaque année d'arrérage, pourvu que durant les années 1948, 1949 et 1950 ce membre puisse être réinstallé en payant la somme de $15.00 plus la cotisation de l'année courante sans égard au nombre d'arrérages.

En 1949 et 1950, nombreuses sont les infirmières qui ont payé leur arrérages afin d'être considérées membres en règle avec l'association. Il est presque superflu de mentionner ici, tant c'est évident, la somme de travail qu'a dû fournir le personnel du bureau pour répondre à toutes ces demandes.

Le Comité de Régie, composé de 24 membres représentant les 11 districts, administre et gère les affaires de l'A.I.P.Q. Il est aidé de plusieurs comités et sous-comités qui fonctionnent activement, mentionnons surtout:

Le Comité de Créances: Dès l'entrée en vigueur de notre loi, un comité de créances fut nommé pour étudier les demandes d'infirmières qui désirent devenir membres de l'association. Ce comité, qui a eu et a encore une tâche ardue, décide de l'éligibilité de la candidate. Advenant que la candidate présente des déficiences dans sa préparation, ce comité décide également de quelle façon ces déficiences peuvent être comblées avant de l'admettre soit par réciprocité ou aux examens qui la rendront éligible.

Le Comité des Ecoles d'Infirmières, comité très important, rend d'immenses services à la profession dans la province. Il reçoit et étudie les rapports des deux visiteuses officielles (dont l'une d'expression française et l'autre d'expression anglaise), formule des recommandations objectives, au Comité de Régie, concernant la certification des écoles. Les directrices d'écoles d'infirmières, tant de langue française que de langue anglaise, coopèrent avec l'association et acceptent volontiers les suggestions du Comité de Régie afin de perfectionner la formation des étudiantes-infirmières et de maintenir élevé le standard de la profession.

Le Comité des Relations du Travail s'intéresse à l'amélioration des conditions de travail dans les hôpitaux et dans les organisations. Une échelle de salaire revisée à tous les ans est adressée aux administrateurs et aux surintendentes d'hôpitaux et d'organisations.

Les comités permanents sont très actifs et organisent tantôt des journées d'étude, tantôt des forums sur le soin des malades, sur la prévention des maladies ou sur des questions

inhérentes à la profession pour le bénéfice de leur groupe.

Par sa décentralisation en districts, l'association prend de l'expansion et intéresse un plus grand nombre de membres.

Dans un de ses derniers rapports de secrétaire-régistraire, Mlle E. Frances Upton signalait que:

> Cette nouvelle législation a naturellement suscité des problèmes et des difficultés auxquels nous devons faire face et que nous devons solutionner; mais, grâce à l'effort organisé, elle a permis aux infirmières de nos territoires éloignés de se tenir au courant des activités de la profession, leur procurant ainsi des avantages dont elles n'avaient jamais été favorisées.

Nonobstant certaines difficultés dans son application, cette loi est un stimulant constant pour acquérir de plus amples connaissances et pour accroître l'intérêt et la responsabilité professionnels. Ce n'est que par l'éducation que nous réussirons à faire accepter l'esprit de la loi tant par nos membres que par la population. Evoluons-nous?

ANNONCIADE MARTINEAU
Présidente
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Dental Health

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Average reading time — 17 min. 24 sec.

ARE OUR MODERN civilizations worth the price we pay for them in loss of teeth and impaired health? This question suggests the need for a study of remnants of primitive civilizations to find the reasons underlying their freedom from tooth decay and their admirable physiques. To the dental profession the concern is primarily for the development and continued efficiency of the dental organs. To humanity at large and all health interests the concern is for the development and preservation of the body in a state of high efficiency.

Life is a paradox. Viewed in the light of modern social trends, we do not find that, with the accumulation of the conveniences, comforts, and luxuries for which mankind in general strives, there is an increasing degree of perfection in bodily development, both in man's efficiency and in his continued functioning. In practically all parts of the world, one of the first effects of our so-called civilizations is to destroy the efficiency of the teeth. Whereas our ancestors, with their primitive diets, were capable of developing and maintaining teeth almost 100 per cent free from dental caries, our modern civilizations completely fail in this regard, since nearly everybody suffers more or less from rampant tooth decay in certain periods of life.

Dental caries is the commonest disease, especially among children. In some districts 95 per cent of the children have tooth decay. The explanation of caries is as follows: carbohydrate materials collect in the spaces between the teeth, in the developmental pits and fissures, and at the gum margins, where they are protected from the diluting action of the saliva. A film or plaque forms, acting as a protection to the bacteria constantly present. This is sufficiently porous to allow an infiltration of food elements, thus providing material for acid formation which attacks tooth enamel. An additional factor may be a deficiency of lime salts. Periods when there is an unusual demand for lime salts, such as pregnancy, lactation, and the growth

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period of children, are times of greatest susceptibility to dental caries.

The usual sequence of events in tooth infection is: dental caries which, unless checked, progresses until it reached the pulp of the tooth, carrying its many and varied bacteria with it. This tissue endeavors to respond to the infection by an inflammatory reaction but, being encased in an unyielding space (the pulp canal), it cannot swell as do other inflamed tissues. Its vessels, entering and leaving by the minute apical foramen, become strangulated by the swelling, and the circulation of the pulp is cut off. Thus an engorged, gangrenous pulp is left which, infected from the caries, suppurates. Such a pulp, engorged with blood, at body temperature and anerobic conditions, becomes a minute incubator for the development of a variety of organisms. These, with their products, soon penetrate the apical foramen into the surrounding alveolar bone. The response of the surrounding tissues constitutes the stage of acute alveolar abscess. Further progression of the unchecked pathology produces bone rarefaction and free drainage into blood and lymphatic systems.

Pathologic conditions of the soft tissues can be equally classed as factors in the production of systemic disease. Occasionally we have slight epidemics of Vincent's infection or ulcerative gingivitis. The border of the gingival tissues is eight times as long as the crypts of the tonsils. It is obvious that a large amount of toxic absorption can take place from this source. Masticatory movements cause pus to exude into the mouth whence it is swallowed. Sore, infected dental tissues result in improper mastication and bolting of food and thus the first stage of digestion goes awry.

The diseases of the unrelated tissues and organs, which may have as a causative factor oral foci of infection, are too numerous to mention. The effect of toxic absorption on the blood itself is to disturb the normal red and white cell composition, resulting in a lowering of body resistance to disease. In some cases secondary anemia results. Some authorities claim that pernicious anemia is closely associated with dental disease. Focal infection tends to increase the retention of sugar in the blood by interference with the functioning of the islands of Langerhans, affecting carbohydrate metabolism and the acid-base balance of the blood.

Cardiac disease is rarely primary in its origin. It is often secondary to other conditions, one of which is dental foci of infection. Unfortunately, the patient may have no noticeable symptoms, even after the foci have been active for long periods. By the time the symptoms develop, the disease may have progressed so far that the removal of the primary focus has little if any effect on the heart lesion. The advantages of early elimination of possible dental causative factors is quite apparent.

Many other such examples might be quoted. An infected tooth may be either causative or aggravative in relation to systemic disease. In other words, it might be either the prime etiologic factor or a supplementary factor adding to the effect of the primary one. Infected teeth may also be considered as preliminary factors in disease by lowering the general resistance, thus opening the way to other infections. The blood, well occupied in developing antibodies to combat dental infection, could not, therefore, be fully efficient if suddenly called upon to meet additional bacterial invasions.

For the most part, dental disease can be controlled. Much of it can be prevented outright. That which cannot be prevented can be controlled by early, regular treatment. Both prevention and control depend more upon the efforts of a well-informed public than upon the skill of the dental profession. All health workers are health teachers. We must, therefore, be as fully informed as is possible in order that we may pass on to those in our care that knowledge which is necessary to meet the case in hand.

It is a terrible indictment of our times that we are producing dental cripples at a faster rate as our civili-

zation progresses. It is too late to do much prevention when the inroads of disease have already made progress. However, we have some sound facts of prevention. An old professor of mine one said, "The prevention of dental disease in the child begins with the education of the engaged future parents." Certain it is that our instruction must be given at least very early in pregnancy. The tooth buds appear in the fetus at about the 15th week of intrauterine life. If the diet of the mother is deficient in the necessary tooth-producing substances, this lack will become evident in the very young child.

The importance of the preservation of the deciduous teeth cannot be emphasized too strongly. The education of mothers of small children is one of the largest factors in the prevention of dental disease. Deciduous teeth should be retained in a healthy condition until their normal time to be shed. Premature loss of a deciduous molar, which is a common occurrence, leads to a future malformed arch and crowded teeth. Frequently a child is not presented for dental treatment until trouble arises. By this time there are visible cavities in the teeth and it is often too late to restore the mouth to perfect health. A child should have had his first visit to the dentist by the time he reaches his third birthday and repeated visits thereafter at intervals of three months. Many mothers consider this unnecessary vigilance, a time-consumer, and a general nuisance. I consider I have failed in the education of that parent if I have not corrected that attitude. Deciduous teeth must serve the child for several years—for mastication, for development of the dental arch, and for a guide to the eruption of the permanent dentition.

It is not within the scope of this brief paper to outline the various trends in research that are being pursued. Penicillin therapy, topical application of fluorine, ammonium compounds and dentifrices are among the recent developments. That they are of value cannot be denied but they are all yet in the experimental field and no sweeping claim can be made. Spectacular results are being demonstrated daily in the new chemotherapies and it may be that before long some panacea will result that will eliminate man's centuries-old dental scourge.

It has been claimed for many years by many people that the largest single factor in the prevention of dental disease is a correctly balanced diet. The role of vitamin D in the normal calcification of bones and teeth is universally recognized. In addition, as the inorganic constituents are largely calcium and phosphorus, the necessity of an adequate supply of these minerals for normal calcification is obvious.

A most interesting survey was conducted by the late Dr. Weston Price to investivate the dietaries of people living in isolated districts where the so-called civilized food products were unobtainable. Certain valleys in the Alps were chosen as the first field of investigation. In these places, as is general, the vitamin content of milk and butter-fat was found to vary through a wide range in different places at the same season of the year and at different seasons of the year in the same places. Furthermore, the health levels of these places, as indicated by morbidity and mortality data, were practically always in the opposite phases with the vitamin levels as shown in this butter-fat product of grazing animals. Thus there seemed to be a direct relation to vital phenomena. While the vitamin factor tended to be higher in summer than in winter, it clearly did not follow the sunshine curve but did follow the quality of the pasturage or available food of the dairy animals. Rapidly growing young grass was found to be the source of the nutrition of the animals giving the highest vitamin content in dairy products. If milk-produced vitamins can be an important contributing factor to physical well-being, including dental health and freedom from caries, the persons making dairy products an important part of their diet might be expected to have a high immunity. This was

found in these isolated valleys. Dairy and whole rye products were the chief items of the diet.

Such studies seem to demonstrate that the isolated groups, dependent on locally produced natural foods, have nearly complete immunity to dental caries and rickets. The substitution of modern dietaries for these primitive natural foods seems to destroy this immunity.

The characteristics that were found to be controlling factors were:

1. Physical isolation, such as to compel the residents of favorable districts to depend almost entirely on locally produced foods, primarily because of the difficulty of shipping modern foods into these communities; and further—

2. That as rapidly as transportation facilities developed sufficiently to permit ingress of modern foods, immunity was lost.

The next question was—are conditions similar in other isolated districts? The Outer Hebrides were chosen. There the basic foods are fish and oat products and a little barley. Those communities that depended solely on their own produce exhibited excellent physical development and a freedom from dental caries. In striking contrast was the seaport town 10 miles away. Here were available white flour products, jams, confections, etc. The present generation exhibited a failure of defence against the inroads of disease and rampant tooth decay.

Other communities were investigated, all with similar results. If these data were interpreted correctly—that white flour products and the foods associated commercially with them so lower the defence and immunity—it should be possible to demonstrate the opposite effect, if given favorable circumstances. The work of Mellanby and others, where controlled groups of children have been given reinforced diets with adequate minerals and vitamins, has shown that a marked reduction in dental caries follows such a routine.

Over a period of years the Canadian consumption of sugar has increased a tremendous amount per capita. We stress at all times the use of less sugar in our diets and the substitution of whole grain products in place of those manufactured from refined cereals. The daily consumption of salads, consisting of raw vegetables, nuts, raw fruits, is a good source of minerals. These are to be supplemented by liberal quantities of dairy products.

Our hunger sense applies almost exclusively to the energy-producing factors and, accordingly, it is satiated rapidly by the consumption of those substances that are high in energy and calories. There lies one of the major factors in our civilization's physical breakdown. In the primitive diet, by the time the people had satisfied the calorie demand for energy factors, they were compelled to ingest an adequate daily ration of minerals. It is as though we could buy two kinds of gasoline for a car—one that would give power only and another that, while providing perhaps a little less power, would make new tires grow as fast as the old ones wore out, provide a new coat of paint, and continually replace the old as it became depleted. Yet modern civilization, partly through ignorance, selects the foods that keep the body warm and furnish new power for the next few hours without consideration for replacing worn tissues or building new and better organs and bodies. I frequently observe mothers, after a morning shopping expedition with the children, line them all up at a soda fountain for a refresher before going home for lunch. How they can expect a child to desire an adequate lunch after this is impossible to imagine! I also see many school children, having been given a quarter for lunch, go to the same place and order a sundae and a bottle of pop. This may supply the afternoon's calories but what it does to the dental structures makes one shudder!

The school nurse has a large field for dental instruction. She can advise on lunches. She can emphasize tooth brushing. Some classes keep records of clean mouths or otherwise. Honor rolls have been established when a child has had his dental work completed.

In summing up, how far then have we advanced along the road in dental health? Dental caries may be referred to as a disease of civilization, meaning that it is vastly more common among civilized than among primitive peoples. We may venture to assert that it is not merely a local disease of a certain tissue but is more accurately described as a local manifestation of a general constitutional condition.

Extensive observation and experiment tends to show that diet is an important factor; that vitamins are indispensable; that milk is capable of exercising a certain amount of control in the development and repair of tissue; and that a diet rich in alkali end-products, influencing thereby the blood and salivary reactions, is probably desirable.

The code for the individual should be: adequate diet, proper mastication to provide sufficient exercise for the dental organs, systematic mouth hygiene habits and last, but most certainly not least, regular inspection and treatment by a capable dentist.

Federal Aid Towards the Training of Nurses

HON. PAUL MARTIN

Average reading time — 10 min. 36 sec.

ONE OF THE most urgent health problems facing Canada in recent years has been the acute shortage of trained nurses. It has long been acknowledged that in all our health planning the Canadian nurse occupies a very important role. This situation was clearly recognized by federal authorities when the National Health Program was brought into existence in May, 1948, and plans were made to provide substantial assistance towards the special training of nurses.

Up to the end of 1950, 746 nurses had been trained with assistance under the National Health Program and the federal contribution towards their training had reached the sum of over $650,000. Of this group, 436 were trained as public health nurses; 185 as instructors and supervisors; 54 as psychiatric nurses; 36 as staff nurses; 32 as admitting officers and 3 as medical librarians.

Federal grants have accelerated the training of nurses in six important ways:

1. By providing bursaries to persons selected by provincial authorities.
2. By subsidizing courses and other educational facilities organized or sponsored by the provinces or on their behalf.
3. By providing assistance towards the recruitment of student nurses through campaigns to stimulate interest in nursing as a career.
4. By supporting experimental methods of accelerated nurse training.
5. By aiding provincial schemes for the training of less highly qualified personnel, variously known as practical nurses, nurse aides, nursing assistants or nursing attendants.
6. By assisting with post-graduate training for nurses—particularly in the fields of mental health, obstetrics, public health nursing, teaching, supervision and administration.

I propose to deal briefly with the federal assistance that has been provided under each of these headings.

BURSARIES

Particularly in the post-graduate field, training has been made possible for a substantial number of young women through the provision of

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bursaries and scholarships. The awarding of these bursaries has, of course, been carefully controlled and high standards of selection have been maintained. All across Canada provincial departments of health are finding the Professional Training Grants an important stimulus to the training of prospective nurses and the further education of graduate nurses.

To take only one province as an example—in Quebec, 29 bursaries have been set up for the training of psychiatric nurses at Laval University. At the University of Montreal, 10 bursaries of $1,250 each have been established for training in psychiatric nursing. Six training scholarships in psychiatric nursing, valued each at $1,000 a year for three years, have also been set up at McGill University. Through these bursaries and scholarships, much needed nursing personnel is being trained for work in the expanding field of mental health.

Subsidization of Courses

In addition to providing direct aid through bursaries and scholarships, the National Health Program has been directly responsible for the adoption at various universities and other training centres of a number of schemes designed to train larger numbers of nurses.

In the Maritime provinces a co-operative training program has been undertaken at Dalhousie University which will provide for the training of nurses in two important fields—public health nursing and teaching and supervision in schools of nursing. Under this project almost $13,000 has been spent during the last two years and, for 1950-51, federal funds amounting to $19,750 have been allotted to provide for the employment of a director, assistant director, and executive secretary for the school of nursing, for the payment of honoraria to full-time instructors, and for the purchase of equipment.

At Hamilton, McMaster University School of Nursing has received substantial assistance under the National Health Program. To date, $24,700 has been allocated to this institution to assist it in extending its facilities so that greater numbers of students may be trained. In addition to providing equipment, federal funds have also made possible the employment of necessary personnel, including a director and associate director, an assistant clinical instructor, and a secretary.

In Manitoba, over $16,700 has been allotted out of federal funds to assist with two important projects. The first of these provides facilities for affiliation courses at the Manitoba Sanatorium for undergraduates from general hospital schools of nursing. An instructor has been employed. Equipment and supplies are being purchased for the operation of the courses. It is anticipated that 48 affiliates will be trained during the present year. The second project provides for the extension of the school of nursing at Dauphin General Hospital by the employment of two instructors.

In the past two years there has been a marked increase in enrolment in all the professional schools of nursing in British Columbia as well as at the Vancouver Vocational Institute where courses for practical nurses are carried on. This has resulted in larger classes of students for affiliation in tuberculosis nursing. Consequently, federal assistance, amounting to $2,750, has been allotted towards the training of 20 professional students and 24 practical nurse students in this field.

Recruitment

One of the problems in providing an adequate supply of nursing personnal is to attract a sufficient number of suitable candidates. Vigorous efforts are now being made to stimulate interest in nursing as a career among properly qualified young women. In one province a very active program is being carried out with the assistance of federal funds. A campaign organizer, a registered nurse, and a secretarial worker have been employed to undertake an extensive educational campaign. Already very gratifying results have been obtained. In encouraging the recruitment of student

nurses, of course, great care is taken to maintain the high entrance and graduation standards of the Canadian nursing profession.

Accelerated Training Schemes

Federal funds have made possible the implementation of two very interesting experiments in the training of nurses—one at the Metropolitan Hospital in Windsor, the other at Toronto Western Hospital. Through accelerated training courses at these two institutions, graduate nurses will become available in a period of two rather than three years.

At Toronto Western Hospital, where an initial class of 80 candidates is enrolled, federal aid to the program has provided increased classroom and demonstration equipment, additional instructors, and a training grant that will enable the hospital to maintain bedside nursing service during the period of demonstration. The revised course will concentrate the didactic and demonstration training in the first two years, thus making the student available during the third year for full bedside service. Federal assistance for the current fiscal year amounts to $29,500. Substantial federal support has also been provided to offset the additional expenditures which were incurred in providing equipment and services for accommodation of the Demonstration School of Nursing at the Metropolitan Hospital in Windsor.

It is expected that these two pilot studies in nursing education will not only serve to increase the supply of nurses but will help to establish a streamlined curriculum closely coordinating classroom and clinical studies. The results of these experiments will be followed closely in order to assess the efficacy of the training provided. Health authorities at every level are most determined to ensure that there will be no deterioration in the high standards of nurse training.

Nurse Aides

While there can be no substitute for the fully-trained and qualified nurse, the necessity of relieving the present shortage of nurses has led the provinces to employ and train a number of nurse aides or practical nurses. Through courses established in Fort William and Montreal, and through assistance given the provincial training scheme for nurse aides in Alberta, the federal grants are helping to train a substantial number of additional nurse aides.

A school was established at the Montreal Convalescent Hospital in May, 1948, for the purpose of training nurse aides who would be able to assist with the care of convalescent patients as well as chronic patients who are not acutely ill. In the past three years, some 79 nursing aides were trained. Personnel, consisting of a director, an assistant director, a nutritionist, and secretarial assistants, has been provided. Equipment and supplies have been purchased for the operation of the school. Up to the present time, federal funds amounting to $24,000 have been allocated for this purpose.

A new training centre for certified nursing assistants was established at the McKellar General Hospital in Fort William last year. Federal aid has provided for the employment of the necessary staff to train the students of whom 45 were enrolled last year. Already nearly $20,000 has been spent for the operation of this centre and the submission for the current fiscal year provides for a budget of over $40.000. Federal aid, amounting to $25,000, has also been allocated in 1950-51 for the training of 70 nurse aides at the Alberta Nurse Aides School in Calgary. Last year $5,000 was spent on this project.

Post-Graduate Training

Mention has already been made of the post-graduate training in psychiatric nursing that is being made available at McGill, Laval, and the University of Montreal. Similar federal assistance has been given to the mental health program at the University of Toronto where 19 bursaries in psychiatric nursing have been set up since 1948. At Dalhousie University, the post-graduate courses for

the training of nurses in public health nursing and nursing education should make available an additional 20 to 25 nurses qualified in these fields each year.

In Manitoba, the Winnipeg General Hospital School of Nursing is offering, through its Maternity Pavilion, a six-month course in obstetrics and the care of the newborn to registered nurses who wish to improve their knowledge and experience in this field. To encourage suitable nurses who are employed in the smaller hospitals of the province to take advantage of this course, a number of bursaries have been provided out of federal funds.

Federal aid, amounting to $5,600, has been allocated this year for the extension of the school of nursing at the University of Saskatchewan by the inclusion of courses in public health nursing, teaching, supervision and administration. Staff, consisting of a professor of nursing, a stenographer, and lecturers, will be employed and the necessary equipment will be purchased. Assistance has also been given to the Extension Department of the University of Alberta which will enable this institution to offer postgraduate courses for nurses at its school of nursing. Grant funds will provide for honoraria to guest lecturers and for the purchase of supplies.

Summary

In all these ways the National Health Program is significantly helping to relieve the urgent shortage of nurses in every field of activity. The need, of course, is very great; Canada could use many more private nurses, hospital staff nurses, nurses for research, for industry, for public health work, for training.

In all our health programs, the contribution of the nurse is a vitally important one and one that is going to assume even greater proportions as time goes on. Today, Canadian nurses are faced with the greatest challenge ever offered to their profession—a challenge which carries with it wide opportunities and heavy responsibilities. Canadian medicine is urgently calling for well-trained women with those special qualities of heart and mind that go to make up a nurse. Women of character, courage, and intelligence — women who possess those priceless human attributes of understanding and sympathy—women whose high ideals of professional conduct and loyalty transcend the hardships and heavy demands of their profession—are needed today more than ever before.

Despite acute shortages of personnel in every field of nursing, Canada's nurses have carried on admirably, bearing many an additional burden. To paraphrase the title of Sheila MacKay Russell's entertaining book, the lamp has been very heavy, indeed, in recent years. It is therefore, a source of great satisfaction to me that, through its assistance towards the training of nurses, the National Health Program is making its important contribution to the maintenance of those high standards of service which have traditionally been associated with the Canadian nursing profession.

Neurocirculatory Asthenia

More than half of the patients who consult the average cardiologist are suffering from unnecessary anxiety about their hearts. This usually arises from suggestion. Careful examination proves that they do not suffer from poor cardiac function but rather from the fear that they have heart disease. The heart frequently acts as the focal point for anxiety.

The symptoms are varied, multiple, and unrelated. It is a well known fact that the more symptoms a patient complains of, the less becomes the significance of each. In fact, the multiplicity of unrelated complaints first draws attention to the possibility of neurocirculatory asthenia. There is a definite tendency for the description of reported pain to conform with the lay person's ideas of angina pectoris, newspaper reports of coronary deaths, or the experiences of friends with definite coronary disease.

—Reich in the *American Practitioner*

Geneva Conventions

LUCIE ODIER

EDITORIAL NOTE: Red Cross holds its unique position in the world not merely as another charity but as a great *international* voluntary organization dedicated to a common ideal. The term "International Red Cross" is frequently imperfectly understood and a brief statement may help to clarify its meaning. The *International Red Cross Conference* is the supreme governing body in the world of Red Cross. It includes representatives of all recognized National Red Cross Societies, the International Committee, and of the League of Red Cross Societies, as well as diplomatic representatives of all states signatory to the Geneva Conventions. The Conference deals with all questions relating to Red Cross policy in the international field as well as ensuring unity in the work of the national societies, the International Committee, and the League of Red Cross Societies.

The *International Committee of the Red Cross* is the direct heir to committee of five Swiss citizens who gave practical effect to Henri Dunant's humanitarian ideas in 1863. The International Committee is an autonomous and neutral body, composed entirely of Swiss citizens, whose services are strictly voluntary. As the guardian of the Geneva Conventions and the Red Cross emblem, and as a recognized neutral intermediary between belligerent powers in time of conflict, the International Committee holds a unique and vitally important position in world affairs as well as in International Red Cross. They safeguard the fundamental principles of Red Cross policy and give official recognition to newly-formed national societies after having examined their constitution and activities. We are familiar with the work of the International Committee during World War II —in promoting the health and welfare of prisoners of war, in maintaining international information agencies, and mitigating human suffering in all parts of the world. Although its activities are primarily related to war and its immediate aftermath, the Committee must be ever ready to assume its tremendous responsibilities under international treaty.

The *League of Red Cross Societies*, the third body within the International Red Cross, is a federation of 68 national Red Cross and Red Crescent societies, originally created to promote Red Cross activities in peacetime. It is primarily a coordinating body, which has already done much to assist national societies in perfecting their organization and in developing public health and welfare programs in the national and international field. Each member of the Canadian Red Cross Society is, thus, a member of the International Red Cross, along with one hundred million other men, women, and children throughout the world who subscribe to the same ideal. The tasks are great in this present world crisis. One of the gigantic problems facing mankind today is 60 to 70 million refugees in Europe, the Near East, Southern Asia, and the Far East. The United Nations requested the League to undertake the care of 300,000 such persons in Lebanon, Syria, and Jordan. This mandate was most efficiently discharged during 16 months of operation, a cooperative effort involving 19 national Red Cross Societies including Canada.

United Nations has turned to the League of Red Cross Societies to provide direction and personnel for relief operations among three million displaced persons in Korea. Eight teams are to be recruited from the National Societies. One of these teams has been provided by the Canadian Red Cross Society and they are now at work.

While the role of the International Committee in time of war has been clearly established, this is the first time the League has exercised the mandate given to it by the XVIIth International Red Cross to maintain contact among National Societies and to coordinate their relief operations while war is still in progress, only of course where the

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Miss Odier is a member of the International Committee of the Red Cross, resident in Switzerland.

presence of a neutral intermediary seems to be unnecessary.

It is incumbent on National Societies to make the humanitarian provisions of the covenants of the Geneva Conventions as widely known as possible. This body of international law is the very cornerstone of Red Cross as a universal movement. Without some understanding of these covenants and their inseparable relation to Red Cross, it is impossible to fully appreciate the duties and responsibilities of Red Cross members as an integral part of a world-wide organization dedicated to the highest ideals of which the human spirit is capable. Miss Yvonne Hentsch, chief, Nursing and Social Service Bureau, when visiting Canada in 1947, expressed concern that nurses serving in the armed services were frequently not fully informed as to their rights and responsibilities as established by the Geneva Conventions.

We have waited for a concise statment from the International Committee to present to Canadian nurses so that they may not be numbered among the uninformed. The following statements from the *Information Bulletin for Red Cross Nurses* (Oct.-Dec. 1950 issue) are, therefore, presented:

National and International Obligations

In time of war, a Nurse's first duty is to give her services to her country and to observe its regulations. If you do not know your legal obligations, find out what they are, as it is essential you should know.

Your country has signed certain international agreements known as the *Geneva Conventions*. As a member either of the Medical Personnel of the Armed Forces or of a Red Cross Unit assisting them, these Conventions give you certain rights; they also impose on you the duty of respecting their clauses and seeing that they are applied.

Rights and Duties

The *emblem* which you bear, whether Red Cross, Red Crescent, or Red Lion and Sun, gives you the right in time of war to the respect and protection of civil and military authorities of all belligerents; but this protection implies certain obligations.

Whatever your rank and duties, no one has the right to make difficulties for you, for having spontaneously nursed the wounded and sick—whatever their nationality. All the wounded and sick, both friend and foe, must be looked after with the same care, and only reasons of medical urgency justify giving priority in any particular case.

Identity Card

The emblem you wear on your left arm—an armlet bearing the stamp of the military command—must be accompanied by an *identity card*. This card must be countersigned by the military authority under whose command you will be placed in time of war, even if you are enrolled in a Red Cross Unit. Never leave for any destination without taking your identity card, with photograph, signature, and all necessary visas; you must never be without it when you are in the fighting zone. Should you be taken prisoner, this card will certify you as a member of the medical personnel, entitled to protection by the enemy command. In no circumstances whatever may a Nurse be deprived of her identity card, her badges, and the right to wear her armlet.

Red Cross Emblem

The Red Cross *emblem* of large size is used, in time of war only, to denote hospitals, personnel, and equipment protected by the Conventions; it may not be displayed on any premises without the permission of the military command.

Protection of the Sick and Wounded

If you work in a hospital, remember that wounded and sick combatants must be disarmed on arrival, if this has not already been done. Able-bodied and armed combatants must not enter; it is the Nurse's duty to refuse them access to an establishment under Red Cross protection, no matter to which side they belong.

Red Cross hospitals, under the

emblem which the enemy is bound to respect, may not be used for military purposes, nor serve as cover for acts harmful to the enemy—for instance, spying, observation of movements of troops, aircraft or shipping, for the information of the military command, cannot be tolerated.

No arms or munitions may be stored in hospitals, infirmaries, ships, trucks, motor-ambulances or on premises which are under the protection of the Red Cross emblem.

Disregard of these regulations may compromise the security of the wounded and sick, as the enemy is then no longer obliged to respect such hospitals, vehicles, or premises. The Geneva Conventions do not, however, prohibit a Nurse carrying arms exclusively for her own defence and that of the wounded and sick in her charge.

Capture

Should the hospital or medical unit to which you belong be captured by the enemy, remember that a Nurse, like all Medical Personnel, must carry on until the enemy military command has taken steps to give the wounded and sick the care they require. You may possibly be kept back for a certain period for such work, should the number of prisoners of war and their state of health so require. If so, you must continue your nursing duties but you may not be obliged to perform any non-professional work.

You will not be a "prisoner of war" although subject to camp or hospital discipline but you will enjoy all the privileges granted to prisoners of war by the Geneva Conventions, with certain additional advantages and facilities. Further, when your professional services are no longer essential, you will be sent home as soon as a route is open and military considerations allow. You will then have the right to take all your belongings, valuables, and personal property.

The Canadian Red Cross Society has played a significant role in international affairs. It has given generous financial support to these international bodies and taken an active part in their work. It is fitting that Canadian generosity should be proportionate to our remarkable good fortune in giving effective assistance to underdeveloped and devastated parts of the world. The position which it is incumbent upon the Canadian Red Cross Society to accept in the international councils of Red Cross demands a strong virile national society which can speak with a single clear voice for the ideals we treasure in our Canadian way of life.

Indian Health Services

For the health care of the native peoples, the department maintained 21 hospitals, providing 1,877 beds and 66 bassinets, 22 nursing stations with 84 patient beds, and 58 other health centres, from which medical officers or graduate nurses ministered to the inhabitants of surrounding areas.

It is the aim of the service to reach every native child and to maintain full protective inoculation against the common communicable diseases. To this end, the staff is augmented each summer by as many extra nurses as can be attracted.

Case-finding for tuberculosis continues to be a major part of the Services' program. This disease is known to be many times more prevalent among the northern Indians and the Eskimos than among other groups. Case-finding is of the greatest value, not only in getting known cases out of circulation and under proper care, but in indicating groups requiring prior attention.

—*Annual Report, Department of National Health and Welfare.*

The national convention of the Canadian Society of Laboratory Technologists will be held in Winnipeg, Manitoba, at the Fort Garry Hotel from June 24 to June 27, inclusive. A fine program of scientific papers and technical exhibits has been arranged. The entertainment will be varied and interesting. It is hoped that all parts of Canada will be well represented, not only by members of the Society, but by all others who are interested in laboratory work.

From Crimea to Korea

JOHN FISHER

Average reading time — 11 min. 12 sec.

SHE HAS TRADED her lamp for a flashlight—she has marched to the battlefields and explored the frontiers; her way is literally one of life and death . . . she belongs to Florence's flock . . . her sisters have travelled far on the road from "Crimea to Korea."

The lamp is now a flashlight—the road from Crimea, a hundred years ago, to the skyways of Korea is a long one. The lamp is heavy—it still burns brightly in dark places but there is something wrong with its glow. The nurses themselves have no solution. They know that "Florence's Flock" is not increasing as fast as it should. In the dark days when Florence Nightingale called upon her sex to pick up the lamp of mercy and move among the sick, young women saw for themselves a new profession —a new kind of career in which their ancient inherited arts of kindness, patience, and sacrifice would relieve the suffering of men in war. Crimea is the landmark in the birth of nursing as a formal profession. In the Crimean War, Florence Nightingale and her little flock brought down the casualties from 315 per thousand to 22—a remarkable feat in the wonders of medicine. Today, in Korea, young women—this time in trim uniform and with the rank of commissioned officers — are helping medicine to write new miracles in the arts of healing.

Women in white—we have over 40,000 of them in Canada. But, say the experts, we are 8,200 short. We must, say the experts, find some way to increase the size of "Florence's Flock." If we don't, hospital beds will go empty, whole wings will have to shut down. The shortage of nurses is acute. Tomorrow it will be worse, they say. What is wrong? Why aren't we getting more nurses? Isn't it strange that now at the very pinnacle of streamlined nursing, at the very apex of new methods, in this science age when a lot of the old, dirty, back-breaking drudgery of nursing has disappeared, that we can't attract sufficient Nightingales to care for the sick?

In Florence's day the so-called nurse was a great, big, frowsy, ugly, dirty, often drunk creature who performed the lowest of tasks. Today, with the stiff white uniforms, the snappy service clothes, the helpers who appear in such guises as electric switches, flush toilets, miracle drugs, telephones, and clean, bright, pastel-colored rooms—with all that, women are turning away from the profession of healing. Why? Is it money? Or are we fighting a new disease in society—that people simply don't want to work like they once did?

This problem of the nursing shortage goes right to the root of the whole problem of security. It concerns the bigger questions of state versus free enterprise balance. It brings up the question of voluntary community contributions to hospitals, hospital and sickness insurance and government help. Self-help, government help, and community help! It is a concern of all of us. We should be talking about it and groping for the right answer. We know now that the business of hospital administration is highly complex and costly. Hospitals are having a desperate struggle to keep going. The patient is howling with protest at the size of his sick bills. Many patients mortgage their whole lives to pay for sickness. The nurse has added her high-pitched voice to the chorus.

"John Fisher Reports"—a very familiar phrase to all Canadians. The C.B.C.'s wandering reporter and observer of Canadian ways delivered this talk on one of his Sunday evening broadcasts. It is published with the permission of the C.B.C. Press and Information Service.

Great numbers of women who might take up nursing are turning to other interests. Our schools are turning out nurses at the rate of 4,000 a year, but that's not enough. At this rate we will never catch up—that is, if Canada continues to grow and build more hospital beds. It means in 15 years or so we are going to be in one awful mess. We need more nurses graduating each year because nurses, like the rest of us, get old or die or take sick or get married or go to the United States. Not so many go to the States now but down there there are thousands of Canadian nurses. A Canadian nurse can get a job anywhere in the States, such is the tribute paid to our training here. American doctors clamor for them. Why, such is the worth of the Canadian training that you'll find hospitals pretty thoroughly staffed with Canadian nurses in such places as the Venezuelan and Arabian oilfields. To the Central American banana plantations go our Canadian Nightingales.

The truth is that Canada has gained a worldwide reputation for her nurses. No nation in the world can surpass us in the nursing field. We are undoubtedly the world's biggest exporter of "Women in White." Canada as a nation is young. Canada as a country is old in the tradition of nursing. In fact, our nursing tradition goes back far beyond the Crimean War and the struggle on the Plains of Abraham.

In the unique and lovely city of Montreal is being unfolded some of the most outstanding chapters in the story of medicine. Dr. Hans Selye of l'Université de Montréal has assembled scholars from around the globe. His work with cortisone and his study of stresses has put l'Université de Montréal in the spotlight. Unlimited amounts of American money are said to be available to this Canadian university. Over along the same mountain, on the other side, is another Canadian university famed in the medical world. At McGill studied the father of medicine—Sir William Osler. McGill and medicine have always been synonymous.

To this university and the Montreal Neurological Institute came that great brain surgeon, Dr. Wilder Penfield. So, in Montreal today, we have international eyes watching what Selye does with stress and what Penfield does under the scalp. Remember those two words—Stress and Scalp—for, by playing on them, we can ring in the history of nursing and Montreal's pioneer part in it.

More than 200 years before Florence Nightingale picked up her lamp, another brave woman set sail across the Atlantic to start an errand of mercy in a new world. Canada's first nurse was Jeanne Mance—a young woman who sailed from France in 1641. She helped Maisonneuve found this great metropolis of Montreal . . . a woman, yes, and Montreal will be eternally feminine, I think. The co-founder of Montreal was a nurse. She sailed from a French port called Dieppe which nearly 300 years later was to tear at the hearts of nurses in the uniform of war. Nurses from the land of maple leaves. Dieppe, Dieppe—how Canadian you have become!

When Jeanne Mance founded a hospital in Montreal there were only a few dozen people here. This pioneer nurse came to Canada at the hour of savage massacre. She bore the stress of the hour . . . she had only syringes, razors, lances, and scales. She made her own medicine, she pulled out the poisoned arrows, passed the ammunition, and cared for the sick settlers and troops. The stress of serving in a cold, unfriendly country must have been enormous. One of Jeanne Mance's first jobs was to care for the scalps. When she arrived, scalping was very popular. It still is, in Montreal, only up at McGill they call it brain surgery.

Jeanne Mance and Florence Nightingale—they both went to far-away places. They both suffered and served. We have a right to be proud of Florence. Nightingale through our British connection. As a matter of fact, Canada has a very close link with Florence Nightingale. A young Englishman by the name of Smithurst loved her very much. He wanted to

marry her. Florence loved him but in those days marriage of first cousins was frowned upon in England. Disillusioned, disheartened, the couple broke up. Smithurst entered the church and eventually became a clergyman at Elora, Ontario. Once he returned to England to try again but "no," said Florence, whose heart was now deep in the service of nursing. Smithurst returned to Canada and Elora. He died here a broken man but shortly before his death a mysterious parcel arrived from England. It had been carried across the Atlantic by a friend. It was a present from Florence Nightingale who had agreed to end the long friendship in silence. She sent to Rev. Smithurst a beautiful communion set for his church. There was no inscription upon it. This was the final tribute to silence and service. In effect she was saying, "You, dear friend, have answered the call of God . . . I have answered the call of mercy and healing. Our love will meet in duty." The communion service can be seen today at Elora.

The nurse, the nurse. "Her lamp," as Sheila Russell of Edmonton says, "is heavy." The words, Registered Nurse, stand for years of study, hard study—intimate knowledge of anatomy, physiology, medicine, chemistry, biology, nutrition, psychology—hours of lectures, study, examinations—of fun and heartbreaks and stress. The words, Registered Nurse—behind them are a hundred thousand beds made, bed-pans emptied, acres and acres of backs rubbed, a mile of thermometers read and charted. The mind works for the R.N. and the body and the heart, too, and often the soul. For the nurse sees the sweet glory and joy of birth; new life and laughter she sees. She also knows the cold, solemn sorrow of death and its dreadful silence. Human pains and suffering are her constant shadow, broken bodies, mangled minds—all these she knows. And the other side of the coin—the recovery, the relief from pain, the mended bodies, the farewells at hospital doors.

It would be easy to break into emotional praise of the nurse but nurses, I have discovered, do not like to be called heroines. They hate it, because they really love their work. I thought I would be smart and rave to nurses about their self-sacrifice and humanity. One of them turned to me and said, "Phooey! My feet hurt!" Nurses, I have discovered, have a wonderful sense of humor. They must develop one. They like to talk about the broad comedies of the bed-pan and the mad, often macabre, humor of hospital jokes. Nurses don't like sugary words of praise, for most of them are fascinated by the new and growing wonders of medical science—the thrill of recovery, the ever-changing pattern of personalities, the study of fear and courage—all these intrigue most nurses. Once they get into the stride of nursing they wouldn't change it for anything. All they ask is that society recognize that, even though sickness is associated with humanity, still nurses have to eat and dress and relax.

No, she is not hardboiled. A true nurse never is. But, she, by her closeness to the great realities of birth and death, has learned that real emotions are too deep, too big, too intimate to be even spoken of. They are there but they are within. Florence Nightingale's lamp is more than a light in the darkness of the ward or the modern flashlight flickering down the corridor as the night supervisor makes her rounds. It is the light in the darkness of the spirit. It is something so intrinsically personal that it must be lived, not talked about. No, the nurse is not hardboiled but she has a core of steel. She needs it, for if she let the suffering about her become a personal matter she would be useless. She foregoes herself the luxury of sentiment.

The nurse—"Florence's Flock"—the Nightingales of nearness—for she is always there! You've seen her, haven't you? Seen her as a hazy white blur standing by your bed in the antiseptic fog, coming closer now! You've seen her strength, as she gave that quick, trained tug on the sheets; seen her, too, standing there immaculate, white, starched. You've said, "The doctor won't tell me what's

wrong but maybe nurse will." You've seen her as the hope. She's not always in white, though. You'll meet these R.N.'s as hostesses high in the clouds with T.C.A. and C.P.A.; you'll meet her poking through rat-infested tenements where lice and scabies, impetigo and tuberculosis are commonplace. This is the R.N. dressed in the uniform of the public health nurse. You'll see her with elastic patience as the school nurse, helping to improve standards of health.

You'll see her as the industrial nurse in factories—a little haven of white, quiet, away from the grease and noise. And you'll meet her all over Canada—in uniforms of different color, some grey, some black—the nuns. From the religious orders of the Roman Catholic Church come these women who have renounced the normal pleasures of life. These brave, wonderful souls have given their lives completely to the service of mercy and healing. The nuns, as nursing sisters, made Canada possible, for they followed the advance of civilization across this country. Even today, along with other denominations, they can be found serving far into the lonely Arctic.

Yes, the nurse is also a woman in blue with a black bag, stepping into her automobile — the V.O.N. — the Victorian Order of Nurses. They go into the difficult places where the conveniences of hospitals are lacking. This is the same organization which travelled over the mountain passes of the Yukon with the Sourdoughs and Cheechakoes in the Trail of '98. The nurse — the healers of "Florence's Flock." Sometimes they swap white veils for khaki ones and go to war as do men. Sometimes they take sacred vows but they are always there. They serve—so, therefore, they deserve.

Right now on the road from Crimea to Korea more and more of the Jeanne's and Florence's are standing by the roadside. Any suggestions, friends, how we can brighten the road and lighten the lamp and attract more to the flock? 'Tis a problem this, the road from "Crimea to Korea."

Liter-Flow Adaptor

The new "Linde" L-26 Oxygen Therapy Liter-Flow Adaptor makes it possible to administer oxygen from an industrial-type oxygen regulator and a cylinder of oxygen. The new adaptor converts pounds per square inch pressure to "liters-per-minute" flow.

In emergencies, the L-26 Adaptor can be especially useful to disaster and rescue crews in industrial plants and to civilian defence organizations in augmenting available hospital-type therapy regulators.

The "Linde" L-26 Oxygen Therapy Liter-Flow Adaptor is approximately 4 inches long and is finished in brushed chrome. It contains no moving or fragile parts, therefore should give long, trouble-free service without maintenance. Because of its small size and light weight, the Adaptor can be readily transported for instant use in an emergency.

The "Linde" L-26 Oxygen Therapy Liter-Flow Adaptor is a product of *Dominion Oxygen Company Limited, 159 Bay Street, Toronto 1, Ontario.*

Miss Hall on Tour

The General Secretary of the Canadian Nurses' Association, Miss Gertrude M. Hall, is making a series of visits to the various provincial registered nurses' associations across Canada, starting in March with a very delightful visit to New Brunswick. Before this notice appears, she will have been in Manitoba, from April 23 to 26. She goes to British Columbia, from April 30 to May 15; Alberta, from May 17 to 23; Saskatchewan, from May 25 to 26.

Returning to Montreal for a brief breathing spell, she will leave for Nova Scotia on June 13 to attend the annual meeting of the Registered Nurses' Association of Nova Scotia.

Having toured this vast country once and a half on behalf of the nurses of Canada and having spoken in many centres, Miss Hall will return to National Office to prepare for the interim meeting of the International Council of Nurses which will be held in Brussels in August.

Lyle Creelman *Writes* . . .

Average reading time — 5 min. 12 sec.

MANY MONTHS AGO I promised to tell you something of the work of the nurses on the WHO malaria teams. There are six in all—four in India, one in Pakistan, and one in Thailand. The countries of origin of these nurses are as varied as the countries in which they are working: two are from Denmark, one from Ireland, one from England, one from Holland, and another born in Holland but now from South Africa. When it was first decided to include nurses on malaria control demonstration projects it was felt that they could more easily establish a contact with the mothers in the homes. It is very essential in the demonstration of malaria control that a survey be made of the number of people in the area and that blood smears be taken to determine the malaria infectivity. It would be difficult for a male worker to obtain the necessary cooperation from the mothers and to persuade them to allow their infants to have the necessary "prick" made to obtain blood for testing. It was felt also that during the season when active malaria control is not being carried out—that is, the season when the malaria mosquito is not so busy—the nurse could do some effective work in maternal and child health. Both of these reasons have proved valid.

This Pakistan mother is eager to learn from the WHO nurse.

However, looking at it from a long-term view, which is one we must take, we are considering carefully whether or not, in the future, well qualified public health nurses should be assigned to this work. We feel that perhaps someone less well qualified might be used for the survey work. It seems also that the effectiveness of the work which the nurse does in health teaching may not be very lasting. The site of a malaria control demonstration project is necessarily in a rather remote area. In our Western countries we are faced with the difficulty of obtaining health personnel in the more rural districts and in these countries the problem is magnified a hundredfold for the simple reason that there are hardly any people to work, even in the areas where conditions are more favorable. Therefore it is very difficult to secure nurses and trained midwives to work with the WHO nurse or to give any assurance that they will remain to carry on the work after our team has finished its assignment.

The health personnel with which the nurse has the most contact in these areas are the midwives. Nearly every baby is born in the home, of course, and if there is any supervision it may be by a completely untrained native midwife. These midwives are referred to as *bidans* or *dais* who have "inherited" their profession from their mother, aunt, or even a cousin. Their technique is questionable. They have little idea of asepsis. Sometimes even when there is a qualified nurse she is not allowed to assist

in the delivery since it is a custom that the native *dai* must cut the cord. One of our malaria team nurses has just returned for home leave from her assignment. She was telling us of the customs in the country in which she was working and in which the women are in *purdah*. A small hut is built for the women at the time of labor because at that time she is considered unclean. Should the family possess a little more wealth than the average, there may be a bamboo mat spread out for her to lie on. These people will not allow the cord to be cut until the placenta is born, as they have the weird belief that, if it is, the placenta will choke the mother.

The following quotation from one of the reports sent in by a malaria team nurse will give you an indication of some of the native customs and beliefs:

> I was fortunate in finding a primipara in labor and so waited for the delivery which came off at 6:00 p.m. The delivery was done by the *Moh-Tam-Yae* (native midwife). The patient, a woman of 25 years, sat on the bamboo floor in her *Sa-Rong* and blouse. She was propped up with pillows and on these pillows the husband (age 22 years) sat with his legs on either side of the patient. She put her arms around each leg to help her during the pains. At her feet there was tied to the floor a bamboo stick with two strong rushes on which the patient could pull if she felt so inclined.
>
> The *Moh-Tam-Yae* did absolutely nothing (but I am sure that if we had not been there she would have done several vaginal examinations). There was no listening for the fetal heart and no washing of the patient. The labor progressed very well and the baby arrived quite easily. The cord would have been cut with a slice of bamboo about four inches long, but as we were there, scissors were used. In the case of a baby boy the placenta is made up in a parcel (with a banana leaf), tied with a reed, and then buried in the garden so that he will later be a good worker. If the baby is a girl, the placenta is buried at the gate so that she will later encourage guests and find herself a husband. The little mother herself was a model patient and did not even utter a groan during the labor. If we can teach the *Moh-Tam-Yae* not to interfere and infect the patient something will have been achieved. After delivery the patient is left sitting on the bamboo mat with no vaginal dressing.

The nurse travels by jeep over roads that are little more than a track.

The work is not without its reward to the nurses as the following comments from other reports will indicate: "It was very interesting to visit again the villages after one year. Our visit was not regarded with suspicion and it did not need the previous trick of getting the hidden women and children out by health talks and the showing of posters." And again, "It is quite interesting how the simple village folk respond to health teaching once they realize that someone from outside is really taking a personal interest in their welfare." And here is another which shows real appreciation:

> Since the rainy season the road has become worse and worse and at last the jeep almost tipped over into one of the deep ditches crossing the road. We told the students in the school that we would not be able to continue the weekly visit until the road had been repaired. They immediately said, "We will do it! It will be ready by next week. Please do come." We, of course, promised to come. Next week we went but really did not expect much as the worst portion of the generally bad road is located about three and a half miles from the school. We were touched and happy to find that the small children, together with their school master, had filled the worst holes with stones and sand and the jeep easily and safely could pass through to the school.

Record keeping is a real problem—"As the village people do not always

remember from month to month what name they last gave to the child it makes it (keeping of records) rather complicated."

In spite of the very difficult living conditions under which our nurses work and live they maintain their sense of humor and frequently this is revealed in their monthly reports. For example—"The bungalow this month seems to be very attractive for animals. Twice we had a visit from the tiger, and a snake was waiting at the door of our room. The rats on the roof keep us awake at night and the squirrel drinks our milk."

Nursing Instructors for India

A REQUEST has recently been received by the Canadian Nurses' Association for assistance in implementing the Colombo Plan as it applies to nursing. The Colombo Plan is a Commonwealth Scheme by which we, in the more fortunate countries, can aid underdeveloped countries by sending qualified personnel to them and by accepting trainees from them into our country. At present the recipient countries are Ceylon, India, and Pakistan. The contributing countries are the United Kingdom, Canada, Australia, and New Zealand.

The C.N.A. has been requested to assist by supplying names of nurses who might be interested in a posting to one of those countries. The specific request at this time is for the services of **three teachers** for the Nursing College of the University of Delhi, India. This school has been in operation for the past four years. Graduate instruction in nursing is given in the preparation of candidates for the degree of B.Sc. (Hons.) in Nursing.

Specification for the Post:

Three teachers in nursing, particularly in its public health aspects. They should have qualifications in general, midwifery, and public health nursing. They should also have had practical teaching experience in the subject for at least five years. Their age should be between 35 and 55 years.

The question of salary will be discussed between the candidate and the Technical Assistance Service of the National Department of Trade and Commerce—the Canadian body charged with the implementation of the Colombo Plan. The nurse will be guaranteed the basic salary received in Canada, plus a non-taxable inducement allowance for service abroad. Further, the appointee will receive in the recipient country a *per diem* allowance to cover lodging and subsistence.

Interested nurses, possessing the above qualifications, are asked to write to **Miss Gertrude M. Hall, General Secretary, Canadian Nurses' Association, Suite 401, 1411 Crescent St., Montreal 25, Que.** The names of all candidates will be forwarded to the authorities in Ottawa for final consideration.

Migraine

Migraine is the most common and most important type of vascular headache. The actual headache is but a part of a widespread disturbance of the entire body. However, the actual headache part is usually the most prominent feature. Palliative measures include quiet and rest, a reclining position, and a darkened room. Specific therapy with ergot preparations may be necessary to relieve the pain. The therapeutic effect of ergotamine tartrate depends upon its ability to prolong vasoconstrictor action, thus interrupting the pain-producing mechanism. However, just as there is no one basic etiological factor in the production of migraine, so there is no single specific treatment.

—BLUMENTHAL and FUCHS in the *American Practitioner*

Institutional Nursing

The Head Nurse—Hostess and Nursing Expert

EDNA FREEMAN

Average reading time — 12 min. 6 sec.

TO BE KIND, courteous, friendly, professional, tactful, resourceful, prudent—all these are just a few of the many qualifications necessary to be a good nurse. The role of the good head nurse extends much, much further than that, for she—to whom is given so much responsibility for the welfare of the patient, the administration of the ward and, subsequently, the reputation of the hospital—she must be hostess, nursing expert, practical sanitarian, housekeeper, economist, teacher all in one. These are the qualifications that are expected of the head nurse of today.

Her role of hostess begins even before the patient is admitted. It is she who will know whether or not vacant rooms are suitable for occupancy and that all bedside units are complete. Granted, ward aides, maids, and nurses will contribute to getting a room or unit ready for the next patient but it is the head nurse who gives it her approval and, with a practised eye, quickly detects articles that are missing or not in proper working order.

In these days of crowded hospitals, we all know that much more time is needed for these preparations than we are able to give. We are acquainted with the situation of one patient waiting for the bed while the first one is being discharged. In times when hospitals were far less crowded, the head nurse was able to act still further as hostess when she could select a bed in the best available location. I am referring specifically to rooms containing three or more beds, where the head nurse could place a new patient near one who was convalescent or pleasantly cheerful, instead of beside someone who was critically ill or having treatments that were unpleasant to all concerned. Today it is scarcely a matter of choice. The patient goes where there is an empty bed, unless she happens to be on the long list of those waiting for private rooms.

In some hospitals there is an arrangement whereby a single room on each ward is set aside for patients who are dying, critically ill, irrational, or with whom is associated any disagreeable odor. Patients are moved into this room at the discretion of the head nurse or supervisor. This has proven to be a perfect godsend to all concerned. We are all aware just how much influence one patient has on others. Unfortunately, in the majority of instances, the situation is hopeless and cannot be remedied but there are times when we can take advantage of a spare bed or two, even when it does mean changing numbers of charts, notifying the kitchen of changes in dietary numbers, and ward bookkeeping.

When patients are admitted to hospital, they must, at times, feel that all their worldly possessions have been taken from them. When they are put to bed, their personal belongings are locked in the clothes cupboard and a receipt given them for jewelry and

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valuables. Clothing must be adequately marked before being put into the closet. There is not as much difficulty in private rooms as with the larger rooms where numerous persons' belongings must go into one cupboard. There should be a satisfactory explanation given to the patients as to why their possessions are removed. The patient's small treasures, no matter how inexpensive, are still her precious property. A little thoughtfulness may prevent a lot of embarrassment. Flowers, which contribute so much to a patient's morale, deserve every consideration.

Food for the newly arrived patient must be thought of, too. So often patients arrive after the early hospital supper hour. The thoughtful head nurse will find food for a patient who either thought he should not have any supper due to preparation for tomorrow's surgery or who was too nervous to ask about it. Included here, too, is the matter of clean serviettes. Nurses, and particularly student nurses, though they remember clean bed linen, often forget about the serviette. These same young students are apt to overlook such items as assisting a patient and encouraging his appetite by placing the tray in a more convenient place.

What about the diversion and entertainment of the patient? This does not present much of a problem on the wards where acute patients are not hospitalized for very long but it is important for chronically ill patients or those long-term orthopedic cases for whom we must plan some form of recreation. Actually, most patients in a general hospital do not suffer much from lack of diversion—especially surgical cases—since early ambulation seems to make for a happier, speedier recovery. Nevertheless it is excellent to have full-time occupational therapists. These trained workers can give so much pleasure to people who are destined to remain in bed or physically in pain for indefinite periods.

A hospital library, whether it consists of a few books in a small cart or a special room designed for that purpose, is very helpful. A tuck-shop provides great convenience to patients and visitors alike, particularly those who like to get the daily paper, a magazine, refreshments, and many small articles frequently overlooked when planning for a stay in hospital.

The question of relationship between the nurse and the patient and his family requires considerable diplomacy. The head nurse tries to see the whole machinery of the hospital running smoothly. The patient and his family see only themselves. When a patient is taken to hospital, he becomes, to his family and friends, the most important person in that institution. The fact that he is merely one of a large group to the hospital personnel is hard for the loving relations to grasp. Of course the hospital must have rules and regulations and considerate people should obey them. Too often the family regard these rules as unnecessary precautions simply because they do not understand them.

It is nearly always the head nurse to whom visitors come for permission to visit patients, especially outside the regular visiting hours. She makes friends for herself and the hospital when, though she is busy, she takes time to try to see the visitor's point of view. If she can transpose her feelings of kindliness to her student nurses and make them feel that the hospital does not *possess* the patient, but it is only supervising his welfare, then this is, indeed, an accomplishment. Relatives have heard and read of cases of neglect, signal lights ignored, and of accidents in hospitals. Too often nurses take the attitude that the patient and the family are always wrong. The head nurse, no matter how busy she may be, inspires confidence by giving a pleasant greeting to visitors instead of a baleful glare. Every hospital needs the goodwill of a community. One sure way to invite illwill is to antagonize visitors. It is easy to be misinterpreted and, as a result, the nurse may be branded as being heartless, cruel, abrupt, or just plain rude. I am not suggesting that visiting hours should not be restricted. They must be, especially in larger

wards, but it is possible to be politely firm, without making the visitors feel like annoying intruders. The right visitor is a morale builder. One known to be unwelcome, who is tactfully barred, will bring grateful thanks from the patient to the nurse.

What are the duties of the head nurse toward deceased patients? We believe that once the patient is gone, our first responsibility is to the family. Death is always a shock, no matter how long it has been anticipated. Sometimes following a death it is the duty of a nurse to request permission from the family for an autopsy to be performed. This is perhaps seen more frequently in cases where the patient dies suddenly or before a diagnosis can be made. The family is shocked and dazed. If it is necessary for a nurse to ask for this permission, it should be the head nurse or supervisor, who can explain the meaning, purpose, and reasons which make the autopsy desirable.

On the brighter side we see the departing guest—the patient going home happy, recovered and, we hope, grateful. The head nurse cannot personally supervise the discharge of every single patient but she does call to the attention of the nurses that surgical dressings must be clean and secure, and that any special orders, such as visits to doctor's office, return visits to out-patient department, or educating the patient to care for herself, are carried out faithfully. This in itself is a big effort. In spite of all the head nurse's warning, pleading, and her own personal effort, occasionally a patient goes home without her medication, her insulin, or any other special instructions.

Thus we have the head nurse in her role as hostess, keeping the wheels running smoothly for a happier, more pleasant stay in hospital. Nothing could be more complimentary or better proof of the value of her gracious attitude than to have a patient request to be returned to her floor should hospitalization again be necessary.

While the head nurse is expected to be also a sanitarian, an economist, probably her most outstanding job is as a nursing expert. Just what does expert nursing include? The best equivalent for nursing is health conservation. Even though the hospital as an institution is chiefly devoted to the care of the sick, the nurse cannot be regarded as a fully qualified expert if she limits herself to bedside care of the individual patient. It is necessary to have certain capacities such as intelligence, sympathy, manual dexterity, and managing ability which are developed through education and training. She should not only be well grounded in the science of nursing but also technically skilled in nursing procedures. There are certain ideals and attitudes that should become almost an ingrained part of the head nurse. Among these are:

> Sensitiveness to human suffering and need; respect for the personality of others; an open-minded attitude toward new or different ideas and methods; loyalty to her co-workers, and a desire to improve her own and the standards of the profession as a whole.

Probably the most difficult of these to achieve in our own minds is our attitude towards new or different ideas or methods. We become accustomed to doing things by one method and any deviation from the usual tends to cause a small upheaval.

The head nurse can only do so much towards providing expert nursing care. Certain requirements must be met by the hospital. Much can be expected from the head nurse who has had sufficient preparation, providing the department to which she has been assigned is properly equipped. Regardless of how well a nurse is prepared, she must have the necessary requisites to adequately care for the number of patients. Unless she has enough equipment to meet reasonable demands, she cannot do satisfactory work. No amount of preparation can make up for the lack of equipment but the reverse is also true. Beautiful hospital equipment must be intelligently used. A post-graduate course is almost worthless unless it is supplemented by genuine experience.

Every nurse should be aware of

fire hazards in hospital, how to prevent fires, and what to do in case one does occur. Extinguishers are placed in full view but often are things which we overlook because we become so accustomed to them being there. During the preliminary period of training, students should learn how to use extinguishers. It is the duty of the head nurse to make new students aware of fire exits, fire escapes, fire boxes, and the precautions exercised when oxygen or electrical appliances are in use.

There are many noises existing in hospitals over which nurses have no control, such as the proximity to a busy street along which pass buses, street-cars, transport trucks. There are other noises to which we have become accustomed yet which are very noticeable to a patient, such as: the bed-pans going in and out of the sterilizer, equipment being taken from the sterilizers, cupboard doors, rattling windows, noisy water-pipes, shifting furniture and banging charts into the chart-rack. Loud laughter and talking are inexcusable. Quiet signs and posters do help but these must be constantly augmented by admonitions from the head nurse.

Privacy is extremely important to most patients and they are certainly entitled to as much of it as they can get. Knocking on a door before entering may seem of small consequence to the nurse but it assumes considerable importance to the patient. Lack of continuity of nursing care sometimes causes irritation. Patients become used to one nurse and dread the time she is off duty or given another assignment. If often requires considerable planning on the part of the head nurse so that interruptions such as holidays, class hours, or emergencies do not interfere too much with essential nursing care. Though it may seem only trivial, occasionally the patient develops the idea that she may have been slighted one way or another when she is continually shifted from one nurse's care to another's. More problems for the head nurse to iron out!

After some experience on one particular ward, the head nurse should be able to evaluate the quality of the nursing service that is being given by her staff. She has a fairly good idea, for example, how long it requires to take the temperatures of all the patients on the wards or for treatments. How does she know whether or not she is correctly evaluating her nursing services? The satisfied patient is the best answer. He will come back to the hospital should further treatment be necessary, will recommend the institution to his family and friends and will, in any event, talk about it. The confidence of the medical profession, as shown by their willingness to recommend the hospital to their families, friends, and patients, is a valuable asset and an indication that the nursing care is acceptable to them.

In summarizing, the provision of expert nursing service should be the chief aim of the head nurse. However, she cannot be considered an expert unless all of the other aspects of her work are also well developed. She knows that good public opinion is a most valuable asset to any hospital. She is largely responsible for the development of this favorable attitude because she is constantly in close contact with the public whether she wishes to be or not.

This century has seen marked changes in the patterns of infant feeding. Fifty years ago, the great concern of pediatricians was to devise and prepare foods in such a way that the digestive capacities at various ages would not be overtaxed. Today, it has been demonstrated that most young infants can digest straight cow's milk with added lactic acid and Karo. The many complex milk dilutions, additions, and preparations are unnecessary. The interval between feedings has tended to increase in recent years. Many infants as early as the 7th or 8th month, and almost all of them by the 9th or 10th month, are receiving only four feedings in each 24 hours; and only three meals per day by the end of the first year.

—P. E. LUECKE, M.D.

Public Health Nursing

How have You Studied the "Yellow Book"?

VERNA M. HUFFMAN

Average reading time — 8 min. 24 sec.

IS THE Baillie-Creelman Report relegated to the ranks of numerous other reports? Is its bright yellow cover dust-catching on the shelf? Or is it to be used as an instrument to bring about better public health practice for the people of Canada? The decision rests not with the Canadian Public Health Association which sponsored the study, nor with the Kellogg Foundation which financed it, but with the public health workers, the doctors, the nurses, the medical social workers who should be studying it!

In 78 pages, in 12 chapters, and 8 appendices, the Report covers every phase of public health practice as it exists in Canada. Each chapter is summarized briefly and concludes with a list of recommendations. Do not think that these recommendations are either routine or dull—they are hard-hitting challenges, some of which demand tremendous changes in our thinking. One of the most obvious examples of this is the chapter on School Health Services. A discussion group on these recommendations would be a very lively affair!

At a meeting of the Public Health Nursing Committee of the Canadian Nurses' Association in Vancouver, June, 1950, Miss Helen McArthur chaired a panel of speakers who tantilized the group by reading a few of the outstanding recommendations of the Report. Time was short and discussion very limited but interest was so high that Miss McArthur forgot she was chairing the meeting and addressed one of the audience as Madam Chairman! Fired with enthusiasm by this initial canter, delegates from our staff attending the C.N.A. biennial determined to propose the Report as a staff education project for the fall session. Other topics already underway had to be given priority but we are now planning a detailed study of the Report to be conducted through the regular weekly staff education periods. Although this plan does not have the advantage of having been tried, we offer it as a suggestion or perhaps as encouragement to other staff groups. We are interested in hearing from any group which has already tackled the "Yellow Book."

As the Report points out, "There is a pressing need for more research and experiment at the local health agency level," so we propose to study the public health services at the local Ottawa level in relation to the recommendations offered.

The proposed program would cover a nine-week period providing one meeting each week. There would be four general meetings of the complete staff and five study periods for the individual groups. Although each member will have her own copy of the Report well ahead of time, the initial meeting would be used to explain the purpose of the Report and the proposed study.

Ours is a staff of 48 people, repre-

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senting five professions, within one health agency. The very diversity of profession and experience should greatly enrich the proposed study—enrichment being dependent on the individual interest! To stimulate that interest the staff would be divided into four groups and the contents of the Report divided among the four groups, according to their special interest, for study and comparison with practice in the local agencies. The following chart indicates the four study groups:

GROUP A

Medical Administration

5 medical officers (including chief and assistant chief)
1 psychiatrist
1 psychologist

GROUP B

Nursing Administration

2 public health nurses (chief supervisor of nurses, assistant supervisor of nurses)
1 social worker (supervisor of welfare services)

GROUP C

Charge Nurses

16 public health nurses

GROUP D

Staff Nurses

22 public health nurses, registered nurses

Each group would be responsible for studying the topics assigned to it. It would be responsible for appointing representatives from its members to visit and study local health agencies as related to report recommendations. The representatives, in turn, would report back their findings to their parent group for discussion at the regular study period and then submit the group comments to the general meetings. It would be planned to have a general meeting midway in the program as an evaluation of the project, to maintain interest, and to obviate too many reports for the final meeting. The following is a suggested grouping of topics:

GROUP A

1. Personnel and personnel policies.
2. Recording (vital statistics).
3. School health services.
4. Communicable disease control.
5. Mental health.
6. Environmental sanitation.

GROUP B

1. Personnel and personnel policies.
2. Appendix A: Activity analysis of public health nursing.
3. Preparation of public health nurse.
4. Appendix D: Public health nurse in hospital.
5. Appendix C: Nursing in industry.

GROUP C

1. Personnel and personnel policies.
2. School health services.
3. Child and maternal health.
4. Communicable disease control.
5. Mental health.

GROUP D

1. Personnel and personnel policies.
2. Recording.
3. Appendix B: Housing of agencies.
4. Appendix B: Related public health nursing agencies, etc.
5. Appendix C: Nursing in industry.

In several suggested groupings one topic appears in more than one group, for example—School Health Services. In such cases it is felt that the topic has both a medical and nursing aspect. Another topic—Personnel and Personnel Policies—appears in all groups. Since this subject has many facets and concerns all of us, it is proposed to use it as the basis for panel discussion at one of the general meetings. The panel speakers would be representatives from each of the four groups and this meeting would be held after the study groups have had one study period on the subject. It is hoped that information would be presented at that time regarding professional training grants and use of non-professional personnel.

In a smaller organization or one with a less diversified staff the plan could be worked out with single individuals assuming responsibility for leadership on the various topics. Each leader would report her findings to the general group.

For special topics, discussion might be enriched by borrowing the local medical officer of health or other community consultants.

The suggested program schedule is included herewith.

	Group A	Group B	Group C	Group D
April 12	General meeting of all groups.			
April 19	Personnel and personnel policies.	Personnel and personnel policies.	Personnel and personnel policies.	Personnel and personnel policies.
April 26	General meeting with panel discussion on personnel and personnel policies.			
May 3	1. Recording (vital statistics). 2. Environmental sanitation.	Appendix A: Activity analysis of P.H. nursing.	Maternal and child health.	Recording.
May 10	School health.	Preparation of P.H. nurse.	School health.	Housing of agencies.
May 17	General meeting of all groups. Reports on above topics.			
May 24	Mental health.	Appendix D: P.H. nurse in hospital.	Mental health.	Appendix B: Related P.H. nursing agencies, etc.
May 31	Communicable disease control.	Appendix C: Nursing in industry.	Communicable disease control.	Appendix C: Nursing in industry.
June 7	General meeting of all groups. Reports on second half of study.			

Small communities might find it practical for two or three agencies to study the Report together or a plan might be initiated by alumnae groups or chapters of provincial nurses' associations. This Report deals with specific public health nursing problems and nurses must assume some responsibility for helping solve these problems. You may disagree with many of the recommendations in the Baillie-Creelman Report and you may feel that some phases of public health practice have been inadequately studied. As a public health worker such opinions are your prerogative but at least study the pages of the "Yellow Book" and form an opinion.

In our proposed study, summaries of the findings submitted to the general meetings would be made available to each staff member. A staff, well informed on the Baillie-Creelman recommendations as related to the local set-up, should itself initiate sounder action and give more inspired leadership to the community which both makes possible and limits the development of public health programs.

Nursing Sisters' Association

The annual meeting of the *Hamilton Unit* was held in January in the form of a buffet supper at the R.C.A.F. Officers Mess, 424 Fighter Squadron. The president, A. Welstead, received the members, many of whom were new. During the business session it was decided to hold four meetings a year.

The following officers were elected: President, A. Welstead; vice-president, Mrs. R. W. Hoffman; recording secretary, R. Howting; treasurer, D. Marshall; social convener, D. Williams; advisory board, G. Walker, M. King, Mrs. E. Turner. The past president is M. Cowan.

The annual meeting of *Saint John (N.B.) Unit* was held at Lancaster Hospital when reports were received from the various conveners. The following officers will serve:

Honorary president, Mrs. G. E. Barbour; president, Sarah Miles; vice-presidents, Mrs. A. B. Walter, A. Gustavsen; recording and corresponding secretaries, E. Ritchie, W. E. Riley; treasurer, M. McJunkin. The past president is I. Wetmore.

Aux Infirmières Canadiennes-Françaises

Comment Prépare-t-on L'Infirmière Hygiéniste?

GABRIELLE CHARBONNEAU

LA PRÉPARATION ACTUELLE de l'infirmière hygiéniste nous a souvent placées en face de questions de qualité et durée des études conduisant dans le domaine du nursing en hygiène publique. L'infirmière hygiéniste devrait-elle recevoir la même préparation que celle donnée à l'infirmière hospitalière et est-il bien nécessaire, qu'après trois ans de cours, elle consacre encore un an à l'étude de cette spécialité? Avec l'aide du rapport du Comité d'Étude de la Pratique d'Hygiène Publique au Canada, publié à Toronto en juin dernier, nous exposerons, relativement à cette préparation, la pratique courante existant actuellement et les tendances vers lesquelles nous nous orientons.

La majorité de nos écoles d'infirmières, dépendantes de l'hôpital financièrement, demandent trois ans pour préparer une infirmière. Dans la plupart de ces écoles, l'enseignement ne comprend aucune ou très peu d'intégration des aspects de santé, d'hygiène et de prévention.

L'Association des Infirmières du Canada a voulu démontrer par une école expérimentale, financièrement indépendante de l'hôpital, comment on pouvait mieux préparer une infirmière clinique dans un plus court délai. Ce cours de base pour infirmière est approximativement d'une durée de 24 mois; il comporte une affiliation dans les services spécialisés tels que tuberculose, psychiâtrie, maladies contagieuses et hygiène publique. Cette expérience n'est pas donnée en vue de préparer une infirmière hygiéniste, car si après son cours l'infirmière désire s'orienter vers le domaine de l'hygiène publique, elle ajoute un an de travail dans un service spécialisé. Ainsi en trois ans, elle devrait être aussi bien qualifiée pour la spécialité que l'infirmière qui actuellement y consacre quatre ans.

Pour l'infirmière désireuse d'obtenir un baccalauréat, il y a deux universités qui offrent un cours d'infirmière préparant à la fois pour la pratique générale du nursing et pour le nursing en hygiène publique. Les aspects d'hygiène publique sont intégrés durant toute la période de préparation et ne sont pas donnés dans une seule année de travail spécialisé, comme dans les autres écoles universitaires. Cette préparation demande cinq ans. Une troisième université annonçait récemment un plan pour un cours de base en nursing d'approximativement quatre ans. Ce cours conduirait au baccalauréat et préparerait les infirmières pour le service général et le service en hygiène publique.

Un questionnaire préparé par l'Association des Écoles Universitaires, envoyé aux neuf universités offrant un cours de nursing en hygiène publique, a donné les renseignements suivants:

Des huit universités ayant répondu à ce questionnaire, 164 infirmières ont reçu au printemps de 1949 un certificat ou un diplôme d'infirmière hygiéniste. En plus, 67 infirmières ont reçu un grade universitaire, baccalauréat en nursing, baccalauréat en sciences, ou autres. De ces 67 infirmières, 35 avaient auparavant reçu un certificat ou diplôme d'infirmière hygiéniste. Si les facilités pour une expérience pratique adéquate l'avaient permis, 127 étudiantes auraient pu encore être acceptées au cours d'infirmières hygié-

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nistes. Laquelle expérience, en principe, doit être de trois mois tant dans une organisation non officielle d'infirmières visiteuses que dans une organisation officielle urbaine ou rurale.

Au Canada, le nursing en hygiène publique est d'une grande variété. Les associations d'infirmières visiteuses offrent un service de soins au chevet demandant ainsi à l'infirmière hygiéniste une grande habileté dans l'administration des soins en général et dans l'enseignement des principes de santé. Le programme des organisations officielles d'hygiène publique comporte de plus en plus des démonstrations de soins aux malades à domicile et de soins d'urgence. Dans les districts éloignés ou dans les colonies, l'infirmière hygiéniste fait souvent un travail considérable d'accouchement et de chirurgie mineure en cas d'urgence. Elle est également responsable du programme d'éducation de santé. Pour longtemps encore, nous aurons de tels arrondissements éloignés des médecins et des hôpitaux.

C'est donc dire que dans l'exercice de ses fonctions, l'infirmière hygiéniste doit faire preuve d'une grande connaissance de cette science et de cet art qu'est le nursing. En maintes circonstances elle doit procéder avec habileté et manifester une dextérité égale à celles requises de l'infirmière hospitalière. Il est donc nécessaire que nos écoles d'infirmières songent à préparer des sujets aptes à répondre à cette grande variété de pratique du nursing.

En 1934, Mademoiselle Ethel Johns et Mademoiselle Blanche Pfefferkorn, sous les auspices du Comité américain d'Évaluation des Écoles d'Infirmières, poursuivaient aux Etats-Unis une analyse du nursing; elles en arrivèrent aux conclusions suivantes:

1. Toute infirmière professionnelle devrait être capable de donner des soins adéquats, quel que soit le domaine qu'elle ait choisi pour exercer sa profession. Elle devrait également connaître l'art de la tenue d'une maison et procéder effectivement lorsque surviennent quelques problèmes domestiques occasionnés par la maladie.
2. Toute infirmière professionnelle devrait être capable d'observer et d'interpréter les manifestations physiques liées à l'état pathologique de son patient, comme elle devrait pouvoir reconnaître et saisir les facteurs sociaux susceptibles d'influencer, de hâter ou retarder sa guérison et sa convalescence.
3. Toute infirmière professionnelle devrait posséder les connaissances et l'habileté nécessaires pour soigner effectivement les patients atteints de certains types de maladies communes ou courantes, telles que cancer, arthrite, diabète, etc.
4. Toute infirmière professionnelle devrait être capable d'appliquer aux différentes situations du nursing, les principes d'hygiène mentale permettant une meilleure compréhension du malade et des facteurs psychologiques liés à la maladie.
5. Toute infirmière professionnelle devrait prendre une part active au maintien de la santé et à la prévention de la maladie.
6. Toute infirmière professionnelle devrait posséder les connaissances et l'habileté nécessaires à l'enseignement des mesures de conservation et de rétablissement de la santé.
7. Toute infirmière professionnelle, dans l'intérêt de son patient et de sa communauté, devrait être capable de coopérer effectivement avec la famille, le personnel de l'hôpital, les agences sociales de bien-être et de santé.
8. Toute infirmière devrait, par l'exercice de sa profession, posséder un certain degré de sécurité économique et s'assurer la subsistance aux jours de maladie et de vieillesse. Au service de cette même profession, elle devrait pouvoir conserver jalousement toutes ressources physiques qui lui sont une grande richesse et trouver en même temps un puissant attrait vers une expérience plus grande, vers des études plus avancées. Les valeurs spirituelles et culturelles qui enrichissent et libèrent la personalité humaine verront alors leur plein épanouissement.

Ces conclusions demeurent applicables à toutes les catégories du nursing y compris le nursing en hygiène publique.

De toutes ces considérations, il s'ensuit que pour nombre d'années encore, la plupart des infirmières hygiénistes seront préparées par une année d'études universitaires en hygiène publique faisant suite au cours de base. Donc, d'une part, les améliorations qu'on apportera à ce dernier sont sûrement nécessaires et bénéficieront à toutes les infirmières. Ainsi, l'intégration des aspects de santé, d'hygiène et de prévention durant cette période, de même que l'expérience dans les domaines de tuberculose, de psychiâtrie et d'hygiène publique sont essentielles à toute infirmière avant sa graduation.

D'autre part, il serait désirable qu'un standard soit établi pour la préparation d'infirmières hygiénistes, et que les conditions de travail, tant dans les écoles universitaires où l'on donne l'expérience que dans les universités où l'on offre une préparation spécialisée, soient augmentées et améliorées. Si nous apprécions hautement l'entent efédérale-provinciale qui, depuis deux ans, gratifie de bourses d'études les infirmières désireuses de se qualifier en hygiène publique, et nous permet de recevoir dans nos universités un plus grand nombre d'étudiantes, nous n'en déplorons pas moins de multiples lacunes dans le travail pratique. Ici même s'impose la coopération des organisations officielles et non officielles de santé.

Mues par le souci constant de notre amélioration, obstinées dans nos espoirs, nous voulons voir s'élargir les cadres de l'unique Ecole canadienne-française d'Infirmières Hygiénistes lui permettant ainsi de réaliser ses projets et d'offrir dans un avenir rapproché un cours conduisant au baccalauréat de nursing en hygiène publique.

Warmth in Nursing

JENNY M. WEIR

Average reading time — 3 min. 48 sec.

I WAS TALKING to a mother recently. She has two high school age children—a boy and a girl. The boy wishes to enter engineering. His parents are very pleased, the only disagreement being over the type of engineering he should follow. The girl wishes to enter nursing—quite a different matter. The father is worried about his daughter contracting tuberculosis. The mother is worried that her daughter will become hard. I could reassure the father about tuberculosis. We now have B.C.G. vaccine. But what could I tell the mother? Need her daughter become hard if she enters nursing?

You may think you have done your part by entering this school. However, each nurse can do more by being a good advertisement. We do not want girls to enter nursing who would not be good nurses. We can attract more applicants by helping young people and their parents to think of nursing as a suitable career.

There are two ways of advertising a product—appearance and performance. We won't discuss your performance because you are just learning. You can make your profession appealing by looking as though you enjoy nursing and receive satisfaction from it.

The "hard look" that parents worry about is usually a mask of sophistication hiding a very frightened or insecure individual. Psychologists call it being "emotionally flat"; "feeling any emotion deeply causes hurt, therefore I won't feel deeply or show any emotion," the young nurse says to herself. Don't be afraid to be kind, to feel deeply the problems of

Miss Weir, who is director of Queen's University School of Nursing, Kingston, gave this address at a capping ceremony held in January at Peterborough Civic Hospital.

others. Kindness is infectious and some day it may spread back to you.

How can you adjust to the different experiences you will have in nursing? Will you not crack under the strain of other people's problems? The best insurance is to be emotionally healthy yourself. To be emotionally healthy the student needs help from parents, friends, instructors, and graduate nurses. Parents who love her and show they care by welcoming her home; friends who care and about whom she cares; instructors who are themselves happy and secure and can guide wisely; graduate nurses who feel their's is a good job. No hospital can provide good nursing education without an adequate graduate staff. Students learn good nursing care across the bed from a good nurse.

All these people help the student to be emotionally healthy. When she meets a difficult situation she has this security. Know your job. Know the sources of assistance in your hospital. Ask yourself, have I done everything possible for my patient? If so, is there someone else I can help—in the hospital, in the community? If not, what is my community doing to prevent unhappiness in the future? The nurse should not cut herself off from the community.

Kress Studio

JENNY WEIR

In receiving your cap, you are passing the first milestone in your nursing education. You are considered worthy to wear a cap and accept more of the responsibilities of your profession. I would like to leave this thought with you: We have put an electric light bulb in Florence Nightingale's lamp . . . the modern efficient nurse. Let us not forget that a bulb can give off warmth as well as hard, bright light.

Heroic Nurse

If credit is to be given for heroism in the tragic bus-train accident at Coniston, Ont., a very large share must be given to Miss Mary Bukacheski of Coniston.

Miss Bukacheski is the resident nurse at the Inco medical centre in Coniston and lives only a short distance from the accident scene. When she heard the crash, Miss Bukacheski threw a fur coat over her pyjamas, put on a pair of boots, and ran out into the 47-below temperature to administer to the injured and dying.

No battlefield could be worse than the mangled and crushed bodies, the twisted wreckage of the bus, and the moans and cries of the victims. Then there was the deep snow and freezing cold that numbed bare fingers as they methodically applied the hypodermic needle to ease the suffering of the scattered bodies.

By her actions, Miss Bukacheski gave a dramatic portrayal of the selflessness and humanity of the nursing profession as exemplified by other great nurses whose names illumine the pages of history.

The nursing profession will continue to be the light in the lamp of mercy just as long as there are people like Nurse Bukacheski who involuntarily respond to the first cry for help.

We have no hesitation in nominating this fine nurse for whatever awards of honor are given for brave, unselfish deeds.

—Sudbury Daily Star

Nursing Profiles

Mary Elizabeth Adair Acland is now the director of nursing and chief nursing officer of the St. John Ambulance Association with her headquarters at Ottawa. At graduation, in 1927, from the Hospital for Sick Children, Toronto, Miss Acland was awarded the R. A. Laidlaw Scholarship for general proficiency and the Helen R. Y. Reid prize which enabled her to take the post-graduate course in school of nursing administration at the McGill School for Graduate Nurses. Following completion of this work, Miss Acland returned to H.S.C. as a supervisor. In 1931 she became assistant superintendent of Nurses at the Strathcona Isolation Hospital, Ottawa. Illness in her home forced Miss Acland to relinquish her duties there in 1936. During the war years she worked part-time as school nurse at Rockcliffe Park.

In preparation for her new duties as nursing adviser, Miss Acland spent several weeks in Great Britain observing preparations being made there by some of the voluntary organizations for civil defence, especially with regard to the training of auxiliary nursing personnel. She had the opportunity of meeting various key people in the St. John Ambulance, Red Cross, Women's Voluntary Service, and the Ministry of Health. One of the highlights of her visit was when she was privileged to be present when Countess Mountbatten presented badges to the first group of hospital volunteers to complete their training for the British National Hospital Service Reserve. Miss Acland feels that there is so much that can be done by a voluntary organization in training the public to be useful members of the community in times of emergency.

Hislop, Ottawa

MARY E. ACLAND

Jessie Elizabeth (MacKenzie) Porteous, A.R.R.C., has assumed her duties as associate director of nursing of the Greater Niagara General Hospital, Niagara Falls. A graduate of the Saskatoon City Hospital in 1936, Mrs. Porteous occupied successively important positions in that institution before enlisting with the R.C.A.F. Nursing Service in 1941. For several years she was matron-in-chief of this service. At war's end, she enrolled in the McGill School for Graduate Nurses and completed the requirements for her bachelor of nursing degree in 1946. She returned to Saskatoon City Hospital as director of nursing and principal of the school of nursing, which post she recently relinquished.

Barbara Alice Beattie has succeeded Mae E. Lunam as superintendent of nurses of the Jeffery Hale's Hospital, Quebec City. A graduate in 1921 of the Calgary General Hospital, Miss Beattie received her certificate in administration in schools of nursing from the McGill School for Graduate Nurses in

Jacoby, Montreal

JESSIE PORTEOUS

1940. Private and general staff nursing for six years, then Miss Beattie began her career in institutional executive positions. First she was nurse-in-charge of the little 15-bed Viking Municipal Hospital, Alta., then superintendent of Drumheller Municipal Hospital. In 1941 she became superintendent of nurses of the Ponoka (Alta.) Mental Hospital remaining there until she accepted a similar post at Moncton Hospital.

Actively interested in nursing organizations and their programs, Miss Beattie served on the executive of her hospital alumnae association and as first vice-president and president of the Alberta Association of Registered Nurses. For her leisure hours, she turns to golf in the summer, curling in winter. She likes handicrafts of various kinds, amateur photography, and photo-tinting.

Rice, Montreal

BARBARA BEATTIE

In Memoriam

Ethel C. Armstrong, a graduate of the Toronto Isolation Hospital, died in Toronto on March 6, 1951.

* * *

Mabel Eloise (Smith) Brolin, who graduated in 1928 from the Nicola Valley Hospital, Merritt, B.C., following a year's affiliation at the Vancouver General Hospital, died in Prince George, B.C., on October 30, 1950, after a long illness. In recent years Mrs. Brolin was x-ray and laboratory technician in the Prince George Hospital.

* * *

Edith Campbell, R.R.C., M.M., died in Montreal on February 22, 1951, following a short illness. A graduate of Presbyterian Hospital, New York, Miss Campbell enlisted in the C.A.M.C. early in World War I and went overseas with the first contingent. She first served at a base hospital in Boulogne and later was made matron of the Canadian Red Cross Hospital at Taplow, England. In addition to the Royal Red Cross, first class award, she received the Military Medal for distinguished bravery under enemy bombardment at Etaples. Following the war, Miss Campbell served for 14 years as superintendent of the Toronto branch of the Victorian Order of Nurses.

* * *

Estella Cinnamon, who graduated from Brockville General Hospital, Ont., in 1927, died recently at Winchester, Ont., where she had engaged in private nursing since graduation.

* * *

Winnifred May (Kent) Dedrick, who graduated from the Toronto General Hospital in 1920, died at her home in Mimico, Ont., on March 2, 1951. Mrs. Dedrick had been in poor health for some months.

* * *

May Hood, a graduate of Grace Hospital, Toronto, died on February 20, 1951, after an illness of eight months. Following graduation Miss Hood joined the staff of Toronto Western Hospital and for a number of years she was night supervisor there. For the past several years she had been in charge of the hospital at an aircraft manufacturing plant at Malton.

* * *

Mona Russell, who graduated from St. Paul's Hospital, Vancouver, in 1933, died on February 11, 1951, at the age of 39. Miss Russell served overseas with the R.C.A.M.C. during World War II. From the time of her return home in 1946 until her final illness, Miss Russell was head matron of the Women's Division of Oakalla Prison Farm, B.C.

* * *

Verda (Brinston) Savage, who graduated from Brockville General Hospital, Ont., in

1929, died recently in the United States.

* * *

Annie (Samson) Snow, the last surviving member of the first class to graduate from Grace Hospital, Detroit, died in Glencoe, Ont., on February 11, 1951, in her 86th year. Mrs. Snow had nursed in Nashville, Tenn., prior to her marriage in 1917.

Artistic Sandpaper Pictures

G. H. HERBERT

SOME HOBBIES are expensive and beyond the reach financially of many of our young people. During long prairie winters, with temperatures sometimes ranging from 20 to 40 degrees below zero, and outside recreation practically impossible, it is necessary to provide instructive entertainment for the younger generation and also the partially disabled, who have the use of their hands.

With this idea in view I am going to describe one hobby that will come within range of the slimmest of purses —pastel painting.

Pastel drawing paper is expensive but if you go to the hardware store and buy a dozen sheets of Three-0 Flint sandpaper and then to the 15-cent store you can purchase a box of pastels and a 49-cent frame. You are now equipped for the creation of a nice picture. Total cost is 51 cents and you have enough sheets of sandpaper and crayons left to paint 11 more pictures.

How do you go about painting the picture? First procure a smooth drawing board and pin the Flint paper to it. Any smooth board will do. Your box of pastels contains colored crayons tinted in every shade of the rainbow, including white and black. Note the predominating color of the background of the scene you want to paint. Before you start to lay on the coloring, smooth the surface of your Flint paper by rubbing it with another sheet, taking care not to crinkle the piece laid out for your drawing. Then if the sky is to be of various shades of blue, rub on the crayons according to shade. Take a clean rag to tone down and distribute the coloring by carefully rubbing over the picture with a rather firm pressure. You will find that the color you have put on will blend smoothly. Some of the most beautiful tints and shading can be produced. Maybe you have a lake or river in the foreground of your picture. Adopt the same procedure. Then draw your skyline and sketch in the far-away hills and mountains, smoothing them out with the rag on the end of your forefinger. If there is some fine work to be done, use an ordinary lead pencil to make the outline, finishing it off with your crayons. You will soon get accustomed to varying the shading by judicious use of the clean rag. One precaution: use a clean part of the rag for shading if you have been using blacks or browns previously.

Sometimes you will find your picture is too small to fit the frame exactly. All you have to do is to use the paper or cardboard mat that adorns the print that usually comes with the frame you have acquired. You can make a mat out of stiff paper or suitable cardboard. To frame your picture properly, use strips of gummed paper to attach it in place. Do this accurately, being careful not to smudge your effort by careless handling. Be sure to put a glass over your picture to prevent smearing.

So there you are! All ready to make sandpaper pictures. If you have patience, some of the most delicately shaded designs can be produced. If you have any artistic ability, that talent will most surely be developed.

The author of this description of an unusual hobby resides in Saskatoon.

Trends in Nursing

Strength or Weakness

Did you know that there were (as of December 1, 1950) 41,088 registered nurses in Canada? Unfortunately, of this number 10,755, or almost one-quarter, are not members of the Canadian Nurses' Association. This group, while probably doing excellent work as individual nurses, detract from the strength of the national body, do not advance nursing as a whole, and deprive themselves of the satisfaction of fulfilment. Forty-one thousand is a lot of nurse strength and forms a large part of the woman-power of Canada. Out of all the women in paid employment, approximately 4 per cent are registered nurses.

Nursing Alert

Until recently, nursing has been one profession in which men did not compete with women. Today, however, men are entering the nursing profession. We welcome them but it behooves nurses to be watchful lest the principle of higher remuneration for the male infect our thinking. In point of fact, this principle is accepted in at least one large plant in this country where the salary of the male nurse is 18.4 per cent higher than that of the female.

The principle of equal pay for equal work is incorporated in the International Labor Organization Constitution. Last summer during the 33rd annual conference of the I.L.O., delegates from member countries, including Canada, began work on the preparation of international standards dealing with equal pay for men and women employees for work of equal value. The definition of equal remuneration for equal work is taken to mean pay based on the classification and grade of the job and not on the sex of the job holder. Nurses may say, "What has this to do with us?" We cannot escape for we are a part of the age in which we live. Nurses in industry, nurses in public health, and nurses in hospitals are all affected by Collective Agreement Acts and will need to watch trends. Nurses, as citizens, should be interested in what is happening to women at large.

The Department of Labor, Information Branch, has this to say in its January, 1951, bulletin:

> Women are now an important part of our working force and, with increased production for defence, the need for their contribution is likely to become as pressing as it was in the last war. More than a million women are at present in paid employment in Canada—one out of every five Canadian workers.

Through the Looking Glass

Peering into the mirror of public opinion, we find that the Ontario Legislature is becoming convinced that the nursing profession has the same rights as other professions and may, in the near future, give consent to the Bill by which Ontario nurses will acquire the power to set examinations, grant licences, establish regulations, and discipline members of their profession. No nurse will, however, be compelled to join the R.N.A.O. in order to secure a licence. Of course, the wide-awake nurse will not need to be coerced because she realizes that she has a responsibility to her profession and to her community. She has a strong desire to help her professional organization attain vigorous and healthy growth.

Attention is being focussed again on the shortage of nurses. Miss Charlotte Whitton emphasizes the need of many students for financial assistance and questions why so few provinces are channeling any portion of the Vocational Training Grants into assistance for student nurses. The low allowances to student nurses and the 48-hour week drew fire in Vancouver.

Conservation of nursing time and community funds by making the type and severity of illness the basis for allocation of patients to wards or private rooms has recently been suggested. Better use of auxiliary help, recognition of the fact that many more young recruits for nursing schools are just not available, and the need to avoid dissipation of nursing skill have been repeated.

An Institute on Ward Teaching has been reported at Hôtel-Dieu, Kingston. Sr. Jeanne Forest, S.G.M., M.Sc., N.Ed., Institut Marguerite d'Youville, Montreal, conducted the institute.

Recognition by a health board in Regina of the risk to health in nursing communicable disease has resulted in the Council recommending that a city public health nurse, contracting a communicable disease before she is eligible for sick benefits, be compensated.

Tributes have been paid to two nurses, both of whom, by their courage, skill, and presence of mind in an emergency, are credited with saving lives on two separate occasions in February.

The provincial Labor Relations Board has certified the Registered Nurses' Association of British Columbia as bargaining agent for nurses of St. Eugene Hospital. Edmonton reports approval of an increase in rates for private duty nurses from $7.00 to $8.00 per day.

Nurse Potential

There were 5,232 students who entered the nursing schools of Canada in 1947. Of these, 4,068 completed the course in the fall of 1950. Graduation was postponed for 131. What happened to the other 1,033 or almost 20 per cent? Failure in class work accounted for 257; dislike of or unhappiness in nursing, 199; health, 191; marriage, 168; personality unsuited, 88; others, 130.

Marriage is a natural cause and one with which we would not wish to quarrel but are these young women encouraged to complete their course?

As students are young and in good health when they enter the school, have conditions conducive to ill health been reduced to the irreducible minimum?

Again, as all applicants have successfully completed high school, should we not seek the causes of the high number of failures in class work? Might improved teaching methods and less exacting physical work be the answer?

Too many leave because of dislike of nursing. With the introduction of the eight-hour day, the student tends to be called upon for a large share of evening duty. This interferes with her social life. Are assignments posted well in advance so that the student may plan her off duty time? The 48-hour week is a very exacting work week for young girls. Graduate nurses are now urging the 44-hour week. What about the student's need in this respect?

There are many administrative difficulties but is enough thought being given to the youth of the student, the emotional stress of the first months, and her recreational needs? Is there too much interference with her personal life? Are opportunities provided for students to assume responsibility for the conduct of their own lives or is it still the policy to control most of her waking and sleeping hours? The community needs graduate nurses, hence the community needs students. What, if anything, can nursing schools do to further reduce the student wastage rate?

Expert Committee on Nursing

Recent recommendations proposed by this body to the World Health Organization are drafted as follows:

1. That WHO urge each member government to undertake (or continue) a study of: (a) the existing supply of each type of nursing personnel and of various types of auxiliary nursing personnel; (b) the estimated number of each type of personnel needed in all categories of employment, based on existing and prospective health programs; (c) the factors

which interfere with securing candidates for training of various types; (d) the effectiveness with which nursing resources are used.

2. That WHO invite the cooperation of the International Labor Organization in a joint investigation of the working conditions of nursing personnel, including salaries, hours, health conditions, and personnel policies. The study would also include the qualifications of nursing personnel, adequacy of supervision, standards of service, and problems of recruitment. The assistance of the I.C.N. and other appropriate groups should be sought.

3. That WHO sponsor international seminars on nursing problems, WHO supplying leaders of seminars and fellowships for nurses to attend from many countries.

4. That a panel of corresponding experts on nursing be set up and that it include midwives.

5. That WHO should appoint nurses to expert committees where their presence would be valuable.

6. That a nurse-midwife be included, in addition to a nurse, on the Expert Committee for Maternal and Child Health.

That Larger World

Some gleanings from a recent article by the Director-General of WHO, Dr. Brock Chisholm:

1. (a) The United Nations and its special agencies are founded upon the principle that lasting world peace can only be achieved and maintained by world organization. (b) World problems like disease, hunger, ignorance, and poverty, which recognize no frontiers, can never be overcome unless all the nations join in universal efforts to that end.

2. (a) Many nations have refused to act upon this principle and have withdrawn their support. (b) In doing so, they have ceased to serve the interests of their own state as well as those of member states.

3. On the economic, social and cultural level, this mid-century presents the frustrating spectacle on the one hand of inventions and discoveries which could make life healthier, happier, and richer and, on the other, of 80 per cent of the people of the world handicapped by poverty and disease.

In spite of these factors, the following examples of WHO's development are proof positive of the need for this organization and the soundness of the foundation upon which it is built:

1. (a) Technical Services has established international standards for 16 biological substances; (b) made an important step in the improvement of health statistics. First regional conference on Vital and Health Statistics held at Istanbul. (Precise statistics would make possible more effective programs for improving health services.)

2. Organized first International Training Centre on modern anesthesiology technique in Copenhagen.

3. An international seminar at Geneva on protection of child health, from the social viewpoint.

4. Provided specialists for an international seminar in Paris on the value of penicillin in treating various forms of syphillis.

5. International seminars in Leyden and Stockholm on child health.

6. Co-sponsor of a medical symposium on tropical diseases at Beirut.

7. International conference in Uganda on malaria.

These conferences are part of a four-year plan through which the regional offices will strengthen the public health services everywhere, always adapting operative programs to local needs and resources.

From the Director-General of UNESCO, Dr. James Torres Bodet, comes the following message:

Education is UNESCO's basic field. This organization stresses the importance of "fundamental education" by which is meant the struggle not only against ignorance itself but against the causes and consequences of ignorance, especially in the field of economic and social conditions. UNESCO believes that if civilization is to have practical meaning, education must spread far out both socially and geographically from the elites to the broad masses of all peoples on earth; and that only better economic and social standards can make this extension pos-

sible. Marbial Valley of Haiti is a good example. Here UNESCO is not only raising standards in a small valley but it is developing and experimenting with new educational techniques which can be used to assist millions of persons in many other parts of the world in facing similar problems of poverty, illiteracy, malnutrition, and illness.

At the start of UNESCO's sixth year of life, it is important to stress the great and ever-growing influence which the Declaration of Human Rights is exercising on all of the continuing as well as the new projects. In all the activities of this organization, the higher purpose is world progress and solidarity through the realization of the basic rights of man.

From Director-General of FAO of the U.N., Morris E. Dodd, we learn:

The conditions that called forth the organization of FAO still exist. Too little food is produced and distributed to feed a hungry world. About a third of the world's people enjoy a healthy diet. The remaining two-thirds are undernourished, many at starvation level. Yet we possess knowledge of science and technology that could be used to feed and clothe all the people in the world.

Hand in hand with organized effort for a direct attack on food and agricultural problems, associated services are required. Farmers need better health and educational facilities, quickened industrial expansion, and sound farm credit to provide a basis for efficient production. FAO is but a link in a chain, forged by participating countries through the other specialized agencies and the U.N. itself, which are organized to provide these services. Together they afford the best hope for improvement in the lot of people the world has ever seen.

For the first time in history, international agencies have been given means to promote a really significant improvement in the well-being of countries most in need of such improvement. Undoubtedly the most important FAO development of the past year was the inauguration of the expanded technical assistance program. Requests for assistance have come from 34 countries and agreements have been signed with 16.

— *U.N. Bulletin*, Jan. 1951.

Orientation et Tendances en Nursing

INFIRMIÈRES ATTENTION!

Jusqu'à ces dernières années dans la profession d'infirmières les femmes n'avaient pas à craindre la compétition des hommes. Aujourd'hui il n'en n'est plus de même. Les hommes envahissent nos rangs. Ils y sont les bienvenus mais néanmoins il faut être sur nos gardes et ne pas laisser influencer notre pensée par certains jugements voulant que les hommes aient droit pour un travail égal à un salaire plus élevé.

La règle du juste salaire d'après la valeur du travail a été acceptée par l'Organisation Internationale du Travail.

Pour en venir au fait, ce principe ne semble pas accepté du moins dans une grande industrie du Canada où le salaire d'un infirmier (male nurse) est de 18.4 pour cent supérieur à celui d'une infirmière. L'été dernier lors de la 33e conférence du O.I.T. les délégués des pays membres, dont le Canada, l'on a commencé à préparer des standards internationnaux déterminant un salaire égal pour les hommes et les femmes d'après la valeur du travail. La définition du salaire égal à travail égal est basée sur la classification du travail et non sur le sexe de la personne employée.

Les infirmières seront peut-être portées à dire, "Pour ce que ça nous regarde." Que l'on veuille ou non, la politique adoptée nous affectera — nous vivons dans ce siècle. Les infirmières dans les industries, celles de l'hygiène publique, et celles des hôpitaux sont toutes affectées par les conventions collectives et elles feront bien de surveiller ce qui va arriver.

On pouvait lire dans le bulletin publié par le Ministère du Travail, service de l'information, numéro de janvier, 1951: "Dans l'armée des travailleurs, les femmes constituent un effectif des plus important; d'autant plus qu'avec la production intensifiée requise pour

la défense, leur contribution sera aussi grande que lors de la dernière guerre. Plus d'un million de femmes actuellement reçoivent un salaire pour leur travail — soit une femme sur cinq travailleurs canadiens."

Force ou Faiblesse?

Saviez-vous qu'au premier décembre, 1950, il y avait 41,088 infirmières enregistrées au Canada? Malheureusement, de ce nombre 10,755, presque le quart, ne sont pas membres de l'Association des Infirmières du Canada. Ces infirmières, comme personne, font certainement un bon travail mais diminuent la force de l'organisation nationale et elles ne contribuent pas à l'avancement de la profession et se privent d'une certaine satisfaction; 41,000 infirmières représentent une force et, pour une large part, l'influence exercée par les femmes du Canada. De toutes les femmes recevant un salaire 4 pour cent sont des infirmières.

Coup d'Oeil Ici et Là

La Législature de l'Ontario semblerait convaincue que la profession d'infirmière a les mêmes droits que les autres professions. Il se peut que dans un avenir rapproché la loi présentée par les infirmières de l'Ontario soit adoptée. Par cette loi, les infirmières seraient autorisées à faire passer des examens, à émettre des licences, à établir des règlements, et à former un conseil de discipline. Aucune infirmière ne serait obligée par la loi de faire partie de l'Association des Infirmières Enregistrées de l'Ontario pour obtenir une licence. Il va sans dire que les infirmières, ayant un sens professionel, éveillé comprendront leurs responsabilités et rempliront leurs obligations sans y être forcées par la loi.

L'attention du public a encore été attirée sur le manque d'infirmières. Mlle Charlotte Whitton d'Ottawa appuie sur la nécessité d'accorder aux étudiantes une aide financière et elle se demande pourquoi si peu de provinces font participer les étudiantes-infirmières aux octrois de l'Aide à la Jeunesse. Le public de Vancouver a été choqué lorsqu'il a appris les rémunérations accordées aux étudiantes pour la semaine de travail de 48 heures.

L'on a suggeré comme meilleur emploi du temps des infirmières et des ressources publiques de tenir compte de la gravité de la maladie pour placer les malades à l'hôpital soit dans des chambres, soit dans des salles. Un meilleur emploi des services du personnel auxiliaire a été aussi suggéré. Il faut se rappeler que le travail de l'infirmière est des plus précieux et que les candidates pour nos écoles d'infirmières sont limitées et éviter le gaspillage.

Quelles sont nos ressources en infirmières? En 1947 il y a eu 5,232 étudiantes-infirmières d'admises dans nos écoles. De ce nombre 4,068 terminèrent leur cours à l'automne de 1950; 131 ont perdu du temps. Que sont devenues les 1,033 autres ou presque 20 pour cent des admissions? Elles se sont retirées pour les raisons suivantes: 257 n'ont pas réussi dans leurs études; 199 n'ont pas aimé le cours; 191 pour raison de santé; 168 se sont mariées; 88 d'entre elles ne convenaient pas à la profession; 130 pour raison diverses.

Le mariage est une cause de départ normale, en est-il de même des départs pour raison de santé? Toutes ces jeunes filles entrent dans nos écoles en bonne santé. Avons-nous pris à leur égard tous les moyens pour prévenir la maladie?

Si toutes ces jeunes filles ont terminé avec succès leurs études primaires, pourquoi ne réussissent-elles pas dans nos écoles? De meilleures méthodes d'enseignement et moins de travail exigeant une dépense de force physique est peut-être la réponse.

Il y a trop d'élèves qui partent parce qu'elles n'aiment pas le nursing. Avec le service de huit heures, le service de nuit revient souvent et du fait la vie sociale devient plus difficile. Le roulement des élèves affiché assez longtemps à l'avance permettrait d'organiser plus facilement les loisirs.

Pour une jeune fille aux études la semaine de travail de 48 heures est très fatiguante. Les infirmières demandent la semaine de travail de 44 heures. Alors quels sont donc les besoins des étudiantes? Nous comprenons que l'administration d'une école d'infirmières présente de grandes difficultés mais réfléchissons-nous assez à l'effort demandé à l'éduciante — à sa vie emotionnelle, à ses besoins de récréation? Intervenons-nous trop fréquemment dans la vie privée de l'étudiante? L'habituons-nous à assumer des responsabilités, à apprendre à conduire sa propre vie, ou trouvons-nous plus facile d'appliquer un règlement qui détermine toutes les activités des étudiantes — le lever, le coucher, etc.? La société a besoin d'infirmières donc elle a besoin d'étudiantes. Que pourraient faire les écoles d'infirmières pour diminuer davantage les départs chez les étudiantes?

COMITÉ D'EXPERTS DES SOINS INFIRMIERS

Ce comité recommande:

1. L'O.M.S. d'insister auprès de chaque Etat Membre pour qu'il entreprenne (ou poursuive) une étude sur: (a) l'effectif du personnel infirmier de tout ordre et des diverses catégories du personnel infirmier auxiliaire; (b) l'effectif de chaque catégorie de personnel jugé nécessaire pour chaque genre d'emploi d'après les programmes sanitaires existants et ceux qui sont envisagés pour l'avenir; (c) les facteurs qui entravent le recrutement de candidates aux divers programmes d'enseignants (cours d'infirmiers et d'auxiliaires); (d) l'efficacité avec laquelle sont utilisées les ressources en personnel infirmier.

2. L'O.M.S. de faire appel à la collaboration de l'Organisation Internationale du Travail en vue de procéder à une enquête commune sur les conditions d'emploi du personnel infirmier, notamment sur la rémunération, la durée du travail, les conditions sanitaires, et le statut du personnel. L'enquête porterait également sur les aptitudes requises du personnel infirmier, le degré d'efficacité de la surveillance à laquelle il est soumis la qualité du service, et les problèmes du recrutement. Il y aurait lieu d'obtenir en outre le concours du Conseil International des Infirmières et d'autres groupements compétents.

3. Que l'O.M.S. patronne sur le plan international des groupes d'études et de discussion. L'O.M.S. devrait fournir des moniteurs (infirmières et autres) pour l'organisation de ces groupes d'étude et destinées à permettre aux infirmières de nombreux pays de participer à ces réunions.

4. Qu'un groupe d'experts correspondants pour les soins infirmiers soit créé et qu'il comprenne des sages-femmes.

5. Que l'O.M.S. désigne des infirmières pour faire partie des divers comités d'experts lorsque leur présence sera utile.

6. Qu'une infirmière sage-femme soit adjointe au Comité d'Experts de l'Hygiène de la Maternité et de l'Enfance.

DANS L'UNIVERS

Dans un récent article le Directeur-Général de l'O.M.S. disait:

1. (a) Les Nations Unies et tous les organisations qui en dépendent ne pourront réaliser la paix dans le monde que par des mesures pouvant s'appliquer à tout l'univers; (b) la maladie, la faim, l'ignorance, et la pauvreté sont des problèmes qui ne connaissent pas de frontières et seul un effort conjoint de tous les pays peut aider à y mettre fin.

2. Les pays qui refusent de prêter leur concours non seulement nuisent au bien-être universel mais à celui de leur pays.

L'O.M.S. a réussi à faire certaines fondations preuve de ce que l'entr'aide peut accomplir:

1. (a) Le service technique a déterminé des standards internationaux pour 16 produits biologiques; (b) amélioration des statistiques au point de vue santé.

2. Centre international à Copenhague de technique anesthésique.

3. A Genève, réunion d'étude internationale sur la protection de la santé de l'enfance au point de vue social.

4. A Paris a réuni un comité d'experts sur le traitement de la syphilis par la pénicilline.

5. Des études sur les malades tropicales et sur la malaria.

Le Directeur-Général de l'UNESCO soulignait l'importance de "l'instruction de base" et il voulait dire non seulement combattre l'ignorance des illettrées, mais combattre les causes et les effets de l'ignorance, particulièrement dans les questions économiques et sociales.

COMITÉ DE L'ALIMENTATION ET DE LA NUTRITION DES NATIONS UNIES

Le comité rapporte qu'il n'y a pas suffisamment d'aliments de produits et de distribués aux peuples affamés. Environ ⅓ du genre humain a une bonne diète. Les deux autres tiers souffrent de dénutrition et plusieurs de famine. Et nous possédons la science et des techniques qui nous permettraient de nourrir et d'habiller tous les peuples de l'univers!

ET CHEZ LES NÔTRES?

Des journées d'études sur l'enseignement clinique ont été tenues à l'Hôtel-Dieu de Kingston. Sr. Jeanne Forest a été la conférencière invitée.

Le service de santé de Regina a reconnue qu'une infirmière, soignant des contagieux, exposait particulièrement sa santé. Comme résultat une infirmière qui contracte une maladie contagieuse à droit à des bénéfices.

L'Association des Infirmières de la Colombie-Britannique a été reconnu comme l'agent négociateur pour les infirmières de l'Hôpital de St. Eugène. Edmonton— Les infirmières du service privé reçoivent maintenant $8.00 par jour.

Annual Meeting in New Brunswick

The 34th annual meeting of the New Brunswick Association of Registered Nurses was held in Moncton, September 27-28, 1950, at the Legion Memorial Hall. Hilda Bartsch, president, called the meeting to order at 9:30 a.m. Rev. J. J. Alexander, of St. George's Anglican Church, gave the invocation. His Worship, Mayor Parlee, gave an address of welcome to all members to which Miss Bartsch responded. The meeting then continued with a roll call of chapters and it was pleasing to note that all were well represented as well as centres without chapters. The secretary gave a report of the work in the provincial office since the previous annual meeting. K. MacLaggan, chairman of the Educational Policy Committee, submitted suggestions for policies for student nurses:

General Aims

The general aims can be stated as follows:

1. That the student nurse be given every opportunity to understand the policies used in association with the student. This should be done in a democratic spirit, with the student nurse making any logical contribution. This could be considered a task of interpretation for the benefit of the student's understanding. It should develop a spirit of cooperation between the student and the administration authorities.

2. That all policies be geared to the development of greater educational opportunities for the student nurse.

3. That, where possible, all policies within the present and future situations of individual hospital schools of nursing be directed towards increase in educational situations and decrease in the service of labor to the hospital.

4. That every opportunity be seized for the education and conditioning of hospital boards by superintendents of nurses (or others) to these desired needs.

Present policies suggested to superintendents of schools for nurses included: hours of duty, student supplies, sick leave, student nurse organization, health services.

Marion Myers, as chairman of a subcommittee of the Educational Policy Committee, presented her report which dealt entirely with final arrangements for the writing of first-year examinations.

Reports of the six chapters were then presented and adopted. It was noted that in all of them a great deal of time and interest had been shown in the work during the year.

The meeting adjourned at 12:30 and the members were entertained at luncheon by Swift Canadian Ltd., followed by a tour of the Swift plant. Short but most interesting talks were given by Mr. A. E. McEwen and Mr. K. C. Hamilton, when the care of the meat was described to the members.

The afternoon meeting opened with an address by Dr. Ruth MacDougall, director of Maternal and Child Welfare of the Department of Health, Fredericton. She pointed out that education in nutrition is carried on through teachers, parents, etc., and every public health nurse works in maternal and child health.

The following morning a round table discussion on registries for nurses in private practice was held. It was noted that this subject seems to be attracting the attention of groups all across Canada. Financing of registries is carried on in a more or less voluntary way by the nurses themselves in this province. One registry was considering a four-cornered set-up, consisting of a representative from the private nursing group, medical and hospital staff, and the public. It was agreed that, with such a representative group as this, all might learn some of the problems confronting the private nurses. A motion carried that one of our standing committees or a special committee be appointed to study organization, functions, and financing in relation to registries and bring back a recommendation to our next annual meeting; this to include the auxiliary nursing group.

Miss Bartsch gave a report of her attendance at the 25th convention of the Canadian Nurses' Association in Vancouver. This was a most interesting report and gave her listeners a glimpse of the activities carried on at the convention. Some of the highlights were:

1. The announcement of a two-year subscription to *The Canadian Nurse* to be awarded to an outstanding nurse in each graduating class across Canada, commencing in 1951.

2. Recommended personnel policies for professional nurses as outlined in the report of the Labor Relations Committee. Quite a few changes were made in this report as published in the May, 1950, issue of *The Canadian Nurse* and it was suggested that our committee might study these recommendations.

3. Dr. M. Cherkasky's paper on "A Program for the Care of Persons with Chronic Illness" and the Mary Agnes Snively Memorial Lecture, "The Trumpet in the Dust."

A report of the work and progress of the School for Practical Nurses was given by G. MacKenzie. Considerable discussion followed this report as the need for some form of licensing was again stressed. Consideration was given to the forming of an Advisory Committee to the Practical Nurse School at Moncton.

The chairman of the Private Duty Section presented a report that contained a request for an increase in private nursing fees. The following schedule of fees was approved:

8-hour duty	$6.00 plus 1 meal
12-hour duty	9.00 plus 2 meals
20-hour duty	10.00 plus 3 meals
Hourly nursing	1.00 per hour, not to exceed 3 hours.
Group nursing	9.00 for 2 patients 12.00 for 3 patients

Number of patients not to exceed three.

The following slate of officers was presented and elected for 1950-52: President, Muriel Hunter; first vice-president, B. A. Beattie; second vice-president, Sister Rosarie; honorary secretary, Sister Bujold.

An invitation was extended by the St. Stephen Chapter to hold the 1951 annual meeting in St. Stephen.

ALMA F. LAW
Executive Secretary

In the Good Old Days

(The Canadian Nurse, May 1911)

"A study of the per capita cost per day, in a score or more of general hospitals devoted to free and paying patients, shows that the average cost is somewhere between $1.50 per day and $2.00. In some cases it runs as high as $2.25 a day for each patient, though this latter figure is exceptional."

* * *

"A systematic course of lectures on hospital economy, starting at the very beginning of a pupil nurse's course, and given periodically two or three times a year to the different classes, would help a good deal in securing intelligent economy, and the cooperation of the majority in efforts to prevent waste."

* * *

"A good deal of misconception exists as to the actual cost of the training of each nurse . . . an auditing company established a system of accounting which would make it possible to tell exactly what it costs to operate the different departments. They found the cost to the hospital of each nurse per day was in 1908, $1.06 or about $1,165 for the three years' course . . . it costs more to train a nurse properly than it did ten years ago. The training school that does not cost much in time, effort, or money, is not worth much."

* * *

"It is not known to all nurses that flies and mosquitoes hate the smell of lavender. In my nursing I managed to secure sleep for a fly-tormented patient in the following way: Pour into an atomizer a teaspoonful of oil of lavender; add to this as much alcohol as will make a saturated solution. Lightly spray a pillow with this, and place it under the patient's head. If the flies are very bad, cover the eyes and nose and spray hair, night-dress and bedclothes. Not a fly will come around while the odor is perceptible."

* * *

"The nurses of Brandon met on February 24 and organized. Many matters of interest were discussed. A new regulation was adopted re rates for private nursing: Infectious cases, $4.00 per day; maternity cases, $25.00 per week; general work, $21.00 per week."

The happiness of life is made up of minute fractions—the little, soon-forgotten charities of a kiss or smile, a kind look, a heart-felt compliment, and the countless infinitesimals of pleasurable and genial feelings.—COLERIDGE

Student Nurses

Influenzal Meningitis

MELVA HILLYARD

Average reading time — 9 min. 12 sec.

PERSONAL HISTORY

DAVID IS A preschool child who lives with his father, a truck driver, his mother, an English war bride, and his two-year-old sister in a four-roomed apartment in a neighboring town. His mother is a good housekeeper, interested in her children, who sees that they are well fed and clothed. His father can provide reasonably adequately for his family and is a good worker.

David is a loving, cooperative, and kind little boy, very independent. He is happy, even if left alone for long periods at a time, and can always find something to keep himself occupied. He notices new articles and people very quickly. He was rather shy at first in hospital but soon made friends. However, for a four-year-old he did not talk well—usually in half sentences or a few words. Compliments on his achievements made him very happy. He began to ask many questions during his convalescence.

MEDICAL HISTORY

Normally a good eater, David's mother first decided he was not well when he lost his appetite. He recovered it the following day so nothing was thought of it until the warm evening, four days later, when he whined about being cold. His mother found he was feverish, very drowsy, mentally dull, complaining of headache and chilliness. Nuchal rigidity was noted. Movement of the neck caused pain. He had a slight elevation of temperature—101°F.

The family doctor was called. He ordered that David be admitted to the hospital because of the developing symptoms. Spinal puncture was done. Turbid fluid was obtained under increased pressure. Isolation was thought advisable until a definite diagnosis could be made. Objective symptoms at that time included: listless, irrational and restless, vomiting with retching, legs drawn up as if in pain, crying when dozing, unable to sleep soundly, grinding of teeth, coated tongue.

The next day his skin was hot and dry. Ptosis and inequality of the pupils were noted. He kept up a constant incoherent chattering. There was some rigidity of the neck, a staring, rather fixed, expression. Pale, dull and limp, he resented being touched. His eyes did not focus properly and he slept with them half open. His abdomen was hard and slightly distended. Flatus was being expelled at intervals with occasional semi-liquid stools.

Within four days he would talk when spoken to. His eyes were still quite heavy. Though his face was flushed, he was perspiring freely.

The subjective symptoms were chiefly concerned with pain in various parts of his body—his neck, abdomen, shoulders, legs. Light bothered him a great deal.

LABORATORY FINDINGS

The cerebrospinal fluid was found to contain numerous polymorphonuclear cells, indicating some very acute infection. Occasional Gram-negative bacilli, resembling *Hemophilus influenzae*, were present. This fluid was under increased pressure and was

As a student at the Guelph General Hospital, Ont., Miss Hillyard had an opportunity to observe this patient.

turbid. Sugar was 50 mg. per 100 cc. which is well above normal; protein 60 mg. per 100 cc. also above normal. There were insufficient chlorides.

This information proved that the condition was a virulent infection and that penicillin would be of no use in dealing with the casual organism because it was Gram-negative.

Another test of the cerebrospinal fluid, made four days later, showed that the polymorphonuclears had not increased. A few clumps of degenerated cells were present but no organisms were seen. Sugar at 66 mg. per 100 cc. and protein at 116 mg. per 100 cc. were still much too high. The fluid was not under pressure and it was clear.

The urinalysis result was usually normal. Occasionally sulfa crystals were seen, which were due to the medication. Sugar was found in the urine several days while extra glucose was being administered.

Nursing Care

David was put in a semi-darkened room because of marked photophobia. Flannelette sheets were used because at times the child appeared chilly.

Frequent special mouth care was necessary. The child had to be cared for in a very understanding manner. For the first five days it was quite impossible to give much by mouth because David was unwilling to swallow. Often if he were persuaded to drink he would vomit immediately. It seemed desirable to give Cocodiazine only, by mouth. Sometimes sips of water could be given. This refusal of fluid caused concern so it was decided to use the Murphy drip consisting of tap water, glucose 5% and soda bicarbonate dr. 1. A Murphy drip is of value because it supplies body fluids, provides nourishment, dilutes the toxins, and is a medium for the administration of medications. After the vomiting ceased the fluids were forced to maintain body water balance, dilute the toxins, increase the urinary output, and produce diaphoresis so that toxins would be eliminated.

David was put on a semi-liquid diet. Day by day this was increased gradually to a soft, then a light, and finally a regular diet. He had no desire for food nor would he eat properly until four days before discharge. If he were told that his parents and Susan, his sister, were eating the same, he would try to eat whatever was given to him.

On admission David's skin was hot and dry. Gradually, as free diaphoresis started, the perspiration, containing many toxins which had formed, caused excoriated areas in the axillae and behind his right ear. The areas were red, slightly swollen, and extremely sore to touch. The skin finally peeled off, leaving an area well healed.

Medical Treatment

An intravenous infusion of normal saline with glucose 5%, 1,000 cc., was given because of David's inability to retain fluids. In order to give this a cut-down had to be done on the right leg. The veins were much too small at the surface of the skin and almost impossible to find. The leg was placed on a splint and immobilized.

A spinal puncture was performed daily to relieve the pressure, determine the pressure, introduce the streptomycin, and remove fluid for diagnosis.

On admission, penicillin, 20,000 units q. 3 h., was administered with sulfadiazine, gr. 7½ q. 4 h., for 24 hours. David was unable to take sulfadiazine by mouth and so a half ampoule of soluseptazine (gr. 1¼) was given intramuscularly for two doses. Penicillin was discontinued when it was learned that the causal organism was *Hemophilus influenzae*. Streptomycin, 50 mg., was given intrathecally each day. Soludiazine was ordered but as it was unobtainable Cocodiazine, dr. 2½ with soda bicarbonate gr. 10, was given by mouth q. 4 h. B—Complex, 1 cc. intramuscularly, was given once daily.

Problems Encountered

Vomiting interfered greatly with the administration of medications but

if the Cocodiazine was given alone, without fluids immediately before or after, he seemed to be able to keep it down. He got tired of Cocodiazine and refused to take it so it was then changed to sulfadiazine.

At first David was very irritable when being bathed. If he was played with during the bath he was more willing to cooperate. Near the end of his isolation he would put out his hands in turn to be washed and dried.

The skin excoriation of axillae and behind right ear was given frequent washing with clear water. The area was well powdered with corn starch.

David's progress was slow but steady. Each day brought more encouraging signs. His condition on discharge showed that he had made excellent recovery.

Eyes—pupils normal—no ptosis.
No pains or headaches.
Cut-down—well healed.
Skin excoriation—improved greatly.
No nausea or vomiting—appetite good.
Mouth normal.
Urinalysis—4-5 pus cells—otherwise normal.
Spinal fluid—sterile.
Alert, cheerful and bright.
Temperature normal by rectum.
No rigidity of legs or back and only a slight amount in his neck.
David could sit up alone for short intervals but was unable to stand when discharged.

AFTER-CARE

The child's mother and grandmother were going to look after him at home. David's bedroom was near the kitchen. He was to be kept in bed until the doctor ordered otherwise. He was allowed to have whatever he desired to eat providing it was nutritious. He would require more rest than an average child. No medications were ordered. David was to try to sit up as much as possible and to walk when he was a little stronger. The doctor was going to watch him closely, for possible complications, for at least six months.

Responsibilities of an Aide

MILDRED E. DUFFY

Average reading time — 2 min. 48 sec.

A NURSING AIDE must be a responsible person as well as one capable of accepting responsibility. The dictionary defines "responsible" thus: "liable to be called to account, capable of rational conduct, respectable, apparently trustworthy." In the work of a nursing aide this is especially applicable because she is dealing with human life.

There are many ways in which the importance of this ability to accept responsibility is made evident. Topping the list I would put the necessity for the aide to put the patient and his needs before her own in every way.

Miss Duffy graduated from the Montreal School for Nursing Aides in 1950.

She must be able to anticipate what he feels and what should be done to relieve him. It is a good aide who can foresee small things in the daily care of a patient that, when added up, amount to the comfort of that patient. The aide must, therefore, be *observant*.

A cheerful, courteous aide is a boon to her patient and the people with whom she works. Even if she is not actually feeling very happy herself, it is part of the aide's responsibility to her patients to present herself to them as being pleasantly spoken, kindly and, at all times, under all conditions, *courteous*.

A nursing aide has a responsibility to the school where she has been trained and those who have taught

her. If she but realizes that the reputation of the school actually lies in her hands, she will work and act at all times so as to bring credit to herself and the institution that is behind her. She should try to keep in mind the things she has been taught and, excepting in an emergency, follow the techniques and rules she has learned.

Towards her classmates, an aide has a definite responsibility. She should be *considerate* of them, respecting their personal desire for privacy, their friendships and interests. She should be cooperative in study and practice, working with the others smoothly and capably, assisting them to become successful nursing aides.

There are definite responsibilities toward the work she is trained to do. She should do her best, trying always to do each job better each time and building up for herself a reputation as a thorough, capable worker. She should be fair, not shirking the duties assigned to her and willingly carrying added tasks, added hours of work, when necessary. She should assist whenever and wherever possible. Thus pleasant working conditions for all will be built up.

War Memorial Committee Meets Some Needs

LAST MONTH we shared with you a couple of the letters of appreciation for the very fine sets of anatomical wall charts. In all, 95 of these sets were purchased. The Denoyer-Geppert Company in Chicago assumed the responsibility for making arrangements with the nurses in the various countries to secure the necessary import licences. The total number was divided up between 12 different countries. We have heard from all but three of these countries of the safe arrival of the large packages. Miss Annemarie van Bockhoven, president of the National Council of Nurses of Finland, wrote expressing their appreciation:

> How shall we ever be able to thank the Canadian nurses for all they have done to further the education of Finnish nurses? Your thoughtfulness, your understanding, your kindness has meant enormously to us in a time when we had to struggle with difficulties. The Anatomy Charts are so beautiful and so demonstrative, so I think it would be easy to learn anatomy from them, and so will our young student nurses feel too. I only wish it would be possible for some of you once to see the places where your gifts are used.
>
> It is my privilege on behalf of all nurses in Finland to extend to you our deepest and most cordial thanks. May I assure you that all the educational material, both books and charts, have been and always will be of greatest value to our nurses.

According to Miss Natsue Inouye's letter, the Japanese Midwives, Clinical Nurses and Public Health Nurses Association, of which she is president, distributed the anatomical charts, one to each of the nine regions in Japan. Miss Inouye noted in her letter that—

> The sets . . . have been distributed to the appropriate schools and are contributing greatly to the education of nurse students and the re-education of the graduate nurses. We attached a little note to each of the charts which reads, "This anatomy chart is the gift of the War Memorial Committee of the Canadian Nurses' Association for the teaching aid of Japanese nurses' education. It is hoped that this will be used as the significant teaching aid and shared with many other schools."
>
> This fine spirit of assistance from the Canadian Nurses' Association is appreciated not only by our association members but the educational institutions of

nurses all over Japan. The clinical, public health nurses, and midwives of Japan will remember the goodwill of the nurses of Canada and will improve the education and quality of service for the better service and welfare of humanity.

Book Reviews

Annie W. Goodrich—Her Journey to Yale, by Esther A. Werminghaus, M.N. 104 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1950. Price $1.50.

Reviewed by Edith McDowell, Dean, School of Nursing, University of Western Ontario.

When you have read the final page and have closed the covers of this slender little volume, you will be left with the impression that you were not really reading at all. You were watching the needle of Esther Werminghaus move in and out of the texture of time and place, to create a tapestry of events and rich personalities who knew "proud victories and dark hours of defeat."

Esther Werminghaus set out to solve the riddle of "how a nurse became the first woman dean at Yale"—that lustrous academy of self-confident males!

Realism precludes any imaginings that the redoubtable Anne Warburton Goodrich had only to knock on Yale's front door to be admitted by an expectant and gracious Old Eli. There was much more to it than that! But, Old Eli, "hoary stronghold of masculine tradition," . . . "rocked the academic world in bestowing this honor on the representative of a predominantly feminine profession!"

We, too, wish to solve the riddle. We watch over her shoulder as the author goes back into the 'nineties to pick up many threads which she carries through a great period of social awakening to human needs which had been all but lost in the driving competition of expanding business, industry, international conflict, and antagonistic ideologies.

One hears the clop-clop of horses' hoofs on the snowy pavements of little Old New York —the swift movement of nurses' footsteps along the lower East Side, through hospital corridors, and up on Morningside Heights. That bright blue is gracious, scholarly Adelaide Nutting; that vivid, heart-warming red is Lillian Wald; those sombre but faithful strands are the beloved Dr. Winslow and Dr. de Roosa; that rich purple is our own Ethel Johns! Many colors are there—the men and women of medicine and nursing whose deep convictions brought medical and nursing services not only within hospital walls but out into the needy community. Later strands are picked up at Yale where, under the presidency of James Rowland Angell, "the Yale Medical School was in the process of receiving transfusions both educationally and financially under Dean George Blumer and his successor Dr. Winternitz, both of whom regarded the education of nurses as a factor directly related to the usefulness of the clinical field in the education of physicians."

And, interwoven with them all, is the opalescent fire that was Annie Warburton Goodrich!

Those men and women were concerned with the community in its broadest concept. They regarded nursing as a socially significant work which *made a difference* and, "over the horizon, they saw a social evolution in which health is a signal of progress, illness a symptom of defeat, and at the same time a challenge to community action."

In Dean Goodrich's own words—"There was a concept of human relations in those early days—a concept worthy of analysis."

Esther Werminghaus has given us glimpses of the kind of thinking that took place as our century dawned:

"In all contemplated additions to the curriculum . . . it was our plan . . . to increase the number (of students) taking the course in district nursing, as we already feel the benefit both to the hospital and to the nurse of this valuable experience." (Within the two years of undergraduate preparation, schools of nursing were finding it difficult to provide more than three months of community nursing for many of their students!) That was 1900!—and in 1912—

". . . I make such a plea for such registration, not for the protection of the nurse but of the community. We are, in truth, public servants and the knowledge that we should bring to our service is too great, and

our responsibility too wide, for us longer to allow the individual institution for the sick to determine what our professional preparation shall be."

And, in 1918, under the pressure of war services and expanding hospital and community health programs, with the usual clamor for the production of numbers of less well-prepared aides . . . "the real issue is not one of the *length* of a course of training but rather of its *educational content*."

The Vassar Camp graduates, and the graduates of schools whose curricula bore the imprint of Miss Goodrich's philosophy, have reflected that philosophy in their contribution to nursing. They are, indeed, an illustrious progeny!

Dean Goodrich is now in retirement among the Connecticut hills where "the wind blows over the countryside in majestic crescendos, or gently sings, and snow and rain come in their season like children returning home." She, who was co-builder during so many stirring decades, does not live in that past. Her eyes are still on the future—

"As one lamp lights another nor grows less, so shall you light a million lamps upon a thousand hills, whose penetrating rays shall guide and guard the stumbling, halting steps of our civilization on its long pilgrimage toward the ideal."

You will want to have this little book on your bedside table. You will find encouragement and renewal of professional purpose as you dip into its swiftly-moving story. Senior students in our schools of nursing will find inspiration in its pages.

Gynecology & Gynecologic Nursing, by Norman F. Miller, M.D. and Betty Hyde, R.N. 485 pages. Published by W. B. Saunders Co. Canadian agents: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 2nd Ed. 1949. Illustrated. Price $4.50.

Reviewed by Margaret Duncan, School of Nursing, University of British Columbia.

Dr. Miller and Miss Hyde have attained, to a considerable degree, their objective "to create understanding in addition to presenting a clear description of disease." No small measure of this success can be attributed to the inclusion of illustrations that are aptly chosen and well executed. Another noteworthy portion of this text is the part devoted to the psychological aspects of gynecology. This material is presented in a reasonable and practical manner. The authors' decision to include case studies adds greatly to the understanding and appreciation of an important aspect of the care of gynecological patients.

The general development of content makes for interesting reading as well as for easy reference. The designation of a part of the book for discussion of nursing care would make this text particularly valuable for the student nurse. I question the necessity of including so much detail in the chapter on operating room care if the use of the book is limited to the student nurse. However, this material and that included in the appendix would enhance the value of the book as a reference text for the graduate nurse in the smaller or outpost hospital.

The material dealing with the normal anatomy and physiology of the gynecologic tract has been kept to a minimum. Many nursing texts fail to encourage the student nurse to refer to additional source books. This criticism may be unjustified from the viewpoint of the graduate nurse who has more limited access to reference material.

The discussion of the diseases in Part V, Pelvic Infections, seems repetitious and confusing.

In spite of these minor objections I would not hesitate to recommend this book as a valuable reference text for both the student and graduate nurse.

Psychiatric Nursing, by Katharine McLean Steele, R.N., B.S. and Marguerite Lucy Manfreda, R.N., B.S. 564 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 4th Ed. 1950. Illustrated. Price $5.00.

Reviewed by Nessa Leckie, Instructor of Nurses, Provincial Mental Hospital, Ponoka, Alta.

The text is well divided into comprehensive units, the first covering the historical background of psychiatry and mental hygiene. This is particularly helpful to the student whose introduction to the psychiatric unit comes through a general hospital.

Unit IV deals with the fundamental nursing care of the patient and covers all aspects of nursing which are so important in the care of the mentally ill.

In teaching psychiatric nursing to the new student Unit VI is especially beneficial because it is important to stress nursing care from the point of view of the patient's

reaction to his surroundings rather than from the diagnosis of the illness. The procedures outlined in this unit would appear to be those of one particular hospital and in that regard are somewhat limited in their use.

The observations of behavior in the affective disorders are outlined in point form. This is useful as a summary if one wishes to compare or differentiate between the symptoms of the various psychoses.

This text has a number of review questions at the end of each chapter which can be utilized for examination purposes. The last unit completes the book with a comprehensive section on psychiatric nursing outside the psychiatric hospital, covering such aspects as application of psychiatric principles in a general hospital and psychiatric nursing in public health.

The student nurse should find this book an excellent reference and guide.

Manual of Massage and Movements, by Edith M. Prosser, T.M.M.G. 388 pages. Published by Faber & Faber Ltd., London, Eng. Canadian agents: British Book Service (Canada) Ltd., 263 Adelaide St. W., Toronto 1. 3rd Ed. 1950. Illustrated. Price $3.25.

Reviewed by Mr. E. J. Kendall, Physiotherapist, Shriners' Hospital for Crippled Children, Montreal.

Miss Prosser's method of dealing with two important subjects in physiotherapy is to be commended. Some form of massage has been in use from time immemorial; even animals use it, instinctively, when injured, massaging an injured limb with the tongue. When man sustains a slight injury by bruising, he invariably resorts to some form of rubbing to relieve pain and tenderness. One is reasonable safe in assuming that from Adam onward this instinct to massage an injury has asserted itself. When William Harvey made known the principles of the circulation of the blood in 1620, man did not discontinue rubbing when hurt. He will doubtless continue to the end of time. One asks, "Is massage, as practised today, a science or an art?" J. B. Mennell uses reason and logic in defining the manipulations of massage and, being himself a physician, commends the attention of his fellow practitioners.

The section dealing with skeletal mechanics of muscles and joints is most ably dealt with. The student and practitioner will be well repaid by a careful perusal of pages 65 to 97, thereby refreshing their knowledge of physics in relation to the laws of movement, leverage, and gravity.

Portraying the Swedish system of exercise and movement by "match figures" is ingenious and interesting, defining most clearly the position, plane, and relationship as between operator, patient, and apparatus.

A few illustrations of simple "home" exercises would have enhanced the book's value. Whether the manual will prove to be the "shot in the arm" that massage seems to need is doubtful. The problem goes deeper than just lack of interest. The medical profession, the physiotherapist, and the public are interested in short-wave, rays, and new wonder drugs, while many doctors are simply ignorant of massage's value or hostile to its use.

Proceedings of the First Clinical ACTH Conference, edited by John R. Mote, M.D. 607 pages. Doubleday Publishers, 105 Bond St., Toronto 2. 1950. Illustrated. Price $5.50.

Reviewed by Mrs. S. R. Townsend of Montreal.

On behalf of all groups of investigators of ACTH, the Armour Laboratories agreed to call a conference in Chicago, in October, 1949, to permit an exchange of information. Conference attendance was limited to actual investigators and their associates. Speakers were kept to 10 minutes and discussants to three minutes each. Rules of the conference stated that a complete transcript of the conference would be made and that manuscripts and discussion would be printed and bound for members.

The "Proceedings," therefore, consist of 52 papers, with an introduction and summary. Approximately 20 universities were represented and over 30 institutions, (hospital research institutes and laboratories), contributed to the information amassed.

An overall chart of the general categories of patients studied is as follows: normal, endocrine abnormalities; collagen diseases; hypersensitivities; infections; malignancies; mental diseases; muscle demyelinating diseases; miscellaneous diseases. The smallest group was the one headed malignancies (24); the largest, the collagen diseases (264). The term, "collagen," is a loose one and includes conditions from rheumatoid arthritis to interstitial keratitis.

The form of investigation varied with each

category—often with each disease within a category—so no overall review of method of study is possible. Depending on the condition, extensive blood studies, urinalyses, metabolism tests, (fat, protein, carbohydrate, basal), x-rays, still photographs and motion pictures, to mention a few, were all employed to present an accurate report. With papers limited to 10 minutes it is understandable that detailed histories and physical examinations were not presented.

This first ACTH Conference, with its pooling of information, is an important milestone in the advance of the medical profession. It is of almost equal significance to the general public.

In the last year, newspapers and magazines have featured glamorous accounts of the so-called wonder drugs—ACTH and cortisone—and their effect on disease in general and rheumatoid arthritis in particular. Not since the days of "The Philosopher's Stone" have people put their faith so blindly in any one thing. It is important that nurses, medical social workers, and all to whom the sick turn for help and information should have accurate knowledge. They should know that there are conditions, such as Addison's disease where these drugs are useful; others, such as rheumatoid arthritis, where they may be; others, such as diabetes, where they are of no value or are contraindicated; and that in poliomyelitis, where treatment was begun after the onset of symptoms, there was no effect.

The "Proceedings of the First Clinical ACTH Conference" present the results of a tremendous amount of investigation, carried on over a period of three years. It was obvious to all concerned that much more research over a wide area of medicine would be required before the role of the adrenal gland in health and disease would be determined.

Elementary Bacteriology and Immunity for Nurses, by Stanley Marshall, M.D., B.S. (Lond.). 88 pages. Published by H. K. Lewis & Co. Ltd., 136 Gower St., London W.C.1, Eng. 2nd Ed. 1950. Illustrated. Price 6s.6d.

Reviewed by Sister Mary Lucita, Instructor of Nurses, St. Joseph's Hospital, Victoria.

The author's purpose is to provide "a concise résumé" of his subject as a textbook for student nurses, to whom he has lectured on bacteriology and immunology. The subject matter is based on the syllabus for the final examinations of the General Nursing Council for England and Wales; hence any criticism of the material included should not be taken in too absolute a sense, since our appraisal is relative to the educational requirements of nurses in this country.

The book is divided into four parts; General Bacteriology; Dissemination—Immunity—Fever; Tuberculosis; Special Tests, Common Organisms, etc. It contains six colored plates of typical organisms and skin tests and several illustrations of common laboratory equipment. A summary and review questions are at the end of each section. There is no bibliography, the material being elementary and probably derived from the author's lecture notes. The language is simple—almost conversational—and all scientific terms are clearly explained. To quote from it would be to belabor the obvious. Sufficient to say that it largely fulfils its purpose as a primer in bacteriology.

One notable omission is the subject of viruses. An 88-page text which devotes six pages to tuberculosis alone should give the students a proportionate amount of information about the virus infections which are now so prevalent. Further, Part IV describes a number of laboratory tests, such as blood glucose and gastric analysis, which are in no way related to bacteriology and immunology. Their inclusion in a text of such limited scope is inconsistent and likely to leave the student with a false impression of their nature. Substitution of a few concise pages on virology would make this useful little book both better integrated and more complete.

In Our Mail

Dear *Editor:*

Dashing this off in a big hurry but want to thank you for the good work you are turning out. As well as the articles, I do enjoy the Book Reviews. Nice to know how people interpret books.—C.M., *Man.*

"Child by child we build a nation" An enormous share of the credit for building a healthy, happy nation in Canada must go to the physicians who, true to their Hippocratic oath, maintain such high ethical standards. To bring children into the world and care for them in their earliest, most formative years, is a grave responsibility, one of the many duties willingly and expertly undertaken by Canada's medical profession, esteemed throughout the world.

We at Heinz, during the many years that we have contributed our small share to the science of infant nutrition, have tried to live up to your exacting standards, not only in the quality of our infant foods, but also in the dissemination of information to mothers on baby feeding.

We have always welcomed comments and criticism on the very broad program of advertising we devote annually to baby feeding, and we trust that in the future you will allow us to co-operate even more closely with you in the great task of building this nation "child by child."

Heinz

Makers of Baby Cereals • Strained Foods • Junior Foods

Dear *Editor:*

Am enclosing cheque for one year to *The Canadian Nurse.* I like to have it but am not nursing now. Had to retire which I regret but after about 50 years it is time. Although the spirit is willing, the body is not. I still can go to association meetings and am looking forward to the convention.—E.E.L., *Ont.*

* * *

Dear *Editor:*

I want you to know that I really appreciate our magazine and enjoy *The Canadian Nurse* more than any other magazine I read.—B. McC., *Que.*

* * *

Dear *Editor:*

I am not working now but caring for my mother, a semi-invalid, and doing the household duties. Don't want you to feel the *Journal* no longer interests me. It does, and is such a splendid way to keep up with nursing and its changes.—M.R., *B.C.*

* * *

Dear *Editor:*

For months I have been wanting to write to the president and to tell her and the members of the association how much I appreciate *The Canadian Nurse* which is regularly sent to me through the War Memorial Fund. It is difficult to tell you what it means to me from a professional and from human viewpoint. I am intensely interested by the information it brings and it is a wonderful help for teaching our students. Some of them are quite good at English and are able to read the articles and give a good summary to their co-students. The issues are passed on to other nurses who are sufficiently acquainted with English to understand them, so *The Canadian Nurse* becomes more and more a dear friend of the students and some nurses connected with the school. For me it has a still greater value because it is a link with Canada and Canadian nurses.

My last trip to Canada was such a wonderful time—full of rich professional information and real friendship. Everything connected with Canada, and especially with the little group I met in Toronto, reminds me of my month's stay and I am now so used to have my faithful messenger coming month after month, that I would not miss it. Every time I find the new issue on my desk, I feel really happy and so grateful to my generous colleagues over the ocean.—L.H., *France.*

Information Bulletin for Red Cross Nurses

This review is issued every three months in English, French, German, and Spanish by the Nursing and Social Service Bureau of the League of Red Cross Societies. Original articles are included on the Red Cross Nursing and Social Services of the 68 national societies, reports on international meetings which have an interest for nurses, and news of the League Secretariat. *Annual Subscription:* **Swiss Fr. 3** — payable by international money order addressed directly to the **League of Red Cross Societies, 26 ave Beau-Sejour, Geneva, Switzerland,** or **$1.00 Canadian**—payable to the **Canadian Red Cross Society, 95 Wellesley St. E., Toronto 5, Ontario.**

Nursing Care Institute

A refresher course on Improving Nursing Care was held on February 15-17, 1951, in Lethbridge under the joint direction of District 8, Alberta Association of Registered Nurses, the University of Alberta School of Nursing, Faculty of Medicine, and the Department of Extension. We wish at this time to express our sincere appreciation to everyone who assisted in the formulation of this short course which proved of benefit to all the nurses.

The lectures during the day were given at the Galt Hospital School of Nursing. The evening lectures were presented at St. Michael's General Hospital. Due to the interest and cooperation of the staffs of both hospitals the course was a definite success.

Although a total of 68 nurses registered, the average attendance was 45. The registration included a good representation from all branches of nursing. Nurses came from six communities outside of Lethbridge. The interest of the private nursing group was evidenced by the 27 who attended. Only a few office nurses were able to avail themselves of the opportunity but several inactive nurses were there. This was the first course of its kind to be offered in Lethbridge.

Some publicity was given through the newspaper and over the radio. This could have been more effective and another year we plan to start at an earlier date. It was well that the number attending was kept to about 45 as the accommodation at both hospitals is limited. Another year we may have to arrange for accommodation elsewhere. Keen interest was evidenced by the inactive nurses in the city who telephoned and asked if they, too, might attend. We were very pleased to welcome them. With more publicity a larger group would have planned to enrol.

The doctors and nurses participating in the lectures and demonstrations gave wholeheartedly in enthusiasm and effort. Particular

gratitude is extended to Miss Tennant and her staff at the Galt Hospital and to Sister Immaculata and her staff at St. Michael's General Hospital. The doctors' lectures, ably introduced by Dr. Bigelow, gave the nurses a great deal of valuable, up-to-date information. Our special thanks goes to each one of them who gave of their time and showed so much interest in the nursing profession. We are exceedingly grateful to Miss Orma Smith, adviser to Schools of Nursing in Alberta, who presented a very excellent dissertation on "The Person as a Nurse." We all felt that she gave us a great deal to "reflect upon" in our moments of self-analysis.

Fees collected amounted to $109.25. Some individuals who attended only a few lectures were not asked to pay the full two dollars. These fees were sent to the Department of Extension in Edmonton to be used to defray the expenses of printing, stamps, etc. Honoraria were paid to all those who contributed to the course in the form of lectures, etc.

Special mention should be made of the fine arrangement set-up for providing coffee and tea during the intermissions at morning and afternoon sessions. May we express our appreciation to the Galt Hospital staff and Mrs. Cowell. This lull provided necessary relaxation and an opportunity for meeting other nurses over the tea-cups. Much of the stenographic work was done by Mrs. Gillett in the Provincial Clinic. We wish to express our thanks for her interested willingness to assist.

It is hoped that we may repeat this effort next year and again present a course which will be of interest to all nurses. Medicine Hat district also asked for assistance in initiating a refresher course in that area next year.

If the day and the night are such that you greet them with joy, and life emits a fragrance like flowers and sweet-scented herbs, is more elastic, more starry, more immortal,—that is your success.—THOREAU

Victorian Order of Nurses

The following are staff change in the Victorian Order of Nurses for Canada:

Appointments — Cornwall: *Catherine Moore* (Montreal Gen. Hosp.) and *Marjorie Summers* (Cornwall Gen. Hosp.). Montreal: *Claire Cadieux* (Misericordia Hosp., Winnipeg) and *Helen MacAleese* (Glasgow University, Scotland). Ottawa: *Hazel Thompson* (Guelph Gen. Hosp.). Pictou, N.S.: *Hasel Hare* (Victoria Gen. Hosp., Halifax). Saint John, N.B.: *Myra Walker* (University of Toronto). Surrey, B.C.: *Marjorie Stibbards* (Vancouver Gen. Hosp.). Toronto: *Ruth Austin* (McGill University). Victoria: *Anne Pask* (Wellesley Hosp., Toronto). Welland, Ont.: *Mrs. Thelma Scott* (Mack Training School, St. Catharines).

Re-appointments — Montreal: *Olive Bell* and *Mrs. M. Greening.*

Transfers—*Mrs. M. Dickson* from Toronto to Trenton, Ont.; *Lillian Frank* from Surrey to be nurse in charge at Moose Jaw, Sask.; *Catharine Ross* from Moose Jaw to be nurse in charge at Surrey.

Resignations—Kingston: *Mrs. I. Langley.* Montreal: *Jessie MacCarthy, Susan Pike.* Peterborough: *Enid G. Apps.* Surrey: *Mrs. H. Rainsforth* as nurse in charge. Toronto: *Mrs. H. A. Kuglin, Margaret Meek, Lillian Yamazaki.* Vancouver: *Mrs. M. Graham.* Welland: *Eola Scott* as nurse in charge.

Appointments—Kingston: *Dorothy Zurbrigg* (Kingston Gen. Hosp.). Lachine, Que.: *Gisèle Lanctot* (Grace Hosp., Winnipeg). Montreal: *Mrs. I. M. Duncan* (Sarnia Gen. Hosp.) and *Doreen Parker* (Montreal Gen. Hosp.). Ottawa: *Mrs. Pamela Leach* (M.G.H.) and *Thelma Pritchard* (Ottawa Civic Hosp.). Vancouver: *Mrs. Margaret Gibson* and *Janet Williams* (Vancouver Gen. Hosp.). Victoria: *Ann Pask* (Wellesley Hosp., Toronto).

Transfers—*Anna Hanusiak* from Sackville, N.B., to Moncton; *Constance Swinton* as nurse in charge from Trail, B.C., to staff of Lincoln County.

Resignations—Aurora: *Helen Lamb* as nurse in charge. Burnaby, B.C.: *Dorothy Tuckey*. Chatham, N.B.: *Joan Chisholm* as nurse in charge. Hamilton: *Mmes D. Barrett, B. Johnson*. Ottawa: *Margaret McVicar*. Sudbury: *Josephine Rowlett*. Vancouver: *Mrs. Sylvia Hall, Rae Swartfiguer*.

Ontario

The following public health nurses participated in a six-week program, "Introduction to Psychiatric Methods," at the Ontario Hospital, Kingston: *Mrs. Nora Cunningham*, Brant County health unit; *Anne Jack*, Kitchener board of health; *Helen Kay*, Windsor board of health; *Elizabeth Law*, senior public health nurse, Galt.

The following are staff changes in the Ontario Public Health Nursing Service:

Appointments: *Jessie Lower* (Niagara Falls Memorial Hosp., N.Y., and University of Toronto general course) to Scarborough Township board of health.

Resignations: *Jenny (Berry) McIntyre* as public health nursing supervisor, Kirkland-Larder Lake health unit, and *Isabel (Kelly) Tovell* from staff of same unit; *Elizabeth (Sharp) Cawley* and *Eileen (Dymond) Mayo* from North York Township board of health; *Mary Campbell* from Windsor board of health; *Mrs. Gladys Franchetto* and *Nancy Lynn* from Guelph board of health; *Mae Hearts* from Northumberland and Durham health unit.

Nursing Sisters' Association

The *London Unit* held eight meetings during 1950 which were quite varied in form. The annual meeting and election of officers occurred in January and later gatherings took on a social aspect when cards and packing of boxes for British hospitals kept the members busy. A reception was held for Elizabeth Smellie, and a swimming party and picnic were enjoyed. A guest speaker demonstrated her art in the painting of pictures, while a trip to Woodeden Hospital for Crippled Children proved worthwhile. The annual Armistice Day dinner was a huge success.

Contributions were made to the Red Cross, Community Chest, Winnipeg Flood Relief Fund, and Woodeden Hospital.

℞ *Chuckles* P.R.N.

A colpotomy is a puncture into the Pooch of Douglas.

One of the tests for syphilis is the Calm test.

Carcinoma of the breast causes the nipple to be refracted.

Moisture should never come in contact with the electrical equipment, because it provides a passage for the electricity, and instead of going along the wire, it goes through the water and anything or anybody in the way.

Asked whether a statement was true or false, and the reason why, one student replied: "This statement is false. If it were true I am sure I would have remembered."

News Notes

BRITISH COLUMBIA

ABBOTSFORD

Eighty members were present at the annual meeting of Fraser Valley District when K. Nelsen, president of the Matsqui-Sumas-Abbotsford Chapter, welcomed the members and introduced a program of dancing and music. Mrs. M. Johnston, district president, was in charge of the business meeting. All chapters—New Westminister, South Fraser, Matsqui-Sumas-Abbotsford, Chilliwack, Mission, and Maple Ridge—were represented and annual reports were given by each. Mrs. M. Crump presented the councillors' report, which touched on the following: Difficulties arising in the registration of nurses from other countries who do not have their credentials; decreased circulation of *The Canadian Nurse;* the success of the Metropolitan School of Nursing; nursing aspects in atomic warfare.

The following officers will serve during the coming months: President, Mrs. G. C. Johnston, Haney; vice-presidents, Mrs. E. H. Erickson, Mission, and B. Smith, New Westminster; secretary, Mrs. F. Lillies, Abbotsford; treasurer, O. Clancy, Cloverdale; councillors: N. Kennedy, Chilliwack; F. Benedict and C. Thompson, New Westminster.

CHEMAINUS

Nurses from Ladysmith, Duncan, and Chemainus attended an important meeting of Cowichan-Newcastle Chapter in March when Alice L. Wright, R.N.A.B.C. executive secretary, was the guest speaker. Her address included discussion on registration, finance, and labor relations. The following officers were elected: President, Mrs. M. Langlois, Duncan; vice-president, C. Cook, Duncan; secretary,

D. Stanhope, Chemainus; treasurer, Mrs. A. Mitchell, Ladysmith.

Ladysmith

Mrs. Clara Wilkinson, employed at the General Hospital for the past five years and matron for the past two years, has resigned to take a position at Nanaimo Indian Hospital. Mrs. Stanley Jones succeeds Mrs. Wilkinson as acting matron.

Prince George

The annual meeting of Fort George Chapter was held recently when Mrs. R. Richmond was elected secretary and Mrs. M. Corning, program convener. The remainder of the executive was returned to office—President, Mrs. G. Geddes; vice-president, M. MacKinley; treasurer, Mrs. T. Green; visiting, Mrs. N. Bayne; refreshments, Mrs. M. Burrill; publicity, Mrs. I. Ford; bursary fund, Mrs. G. Kennedy, G. Gowans; councillor, Mrs. W. Warner.

During the past year, various projects have been accomplished with funds raised at the annual dance. The bursary fund was established and last year was divided between two applicants who will go in training. A combination radio and gramophone was purchased for the nurses' residence. Donations were made to the Winnipeg Flood Fund and to the Salvation Army. Two hampers were bought for needy families at Christmas.

F. Trout, itinerant instructor, R.N.A.B.C., conducted an informative refresher course last fall.

Suggestions were made to have a district meeting during the winter but, owing to the shortage of nurses in Smithers and the uncertainty of roads and weather, the idea was dropped.

Janet Grieves, prior to her departure to take up her new post as matron of the hospital at White Horse, Yukon, was guest of honor at two social functions given by the nursing staff of Prince George and District Hospital.

Prince Rupert

Two nurses from Montreal—A. Thibault and Rita Ouelet— are now on the General Hospital Staff. Miss Thibault was formerly at Notre Dame Hospital, Montreal, and Miss Ouelet at Hôpital St. François d'Assise.

Trail

Last winter the nurses engaged in what was for them a new sport—curling. One team was chosen to participate in the B.C. Ladies Bonspiel. They did very well considering that it was their first season—they played 8 games, winning 3 and losing 5.

The following officers will serve for Trail Chapter during 1951: President, Mrs. Morris; vice-presidents, R. Hornett, J. Taylor; recording and corresponding secretaries, M. Clarke and Miss Loughery; treasurer, Miss Vandendriesche. Committees: Public relations and membership, Mrs. Tognotti; private duty, Mrs. D. Miller; public health, A.

Beattie; institutional, V. Eidt; ways and means, J. Dunbar; refreshment, Mrs. Martin; visiting, Mrs. Armitt; program, Mrs. Gordon; address cards, Mrs. Racette. The *Canadian Nurse* representative is L. Richardson.

VICTORIA

Royal Jubilee Hospital

Roxie Wilson who, since 1946, has been supervisor of the children's ward, has accepted a position with WHO to supervise a pediatric ward in Colombo, Ceylon, and to help in organizing a clinical training program. Following graduation from R.J.H., Miss Wilson did post-graduate work in pediatrics in Montreal, later going to St. Paul's Hospital, Vancouver.

MANITOBA

BRANDON

At a meeting of the Association of Graduate Nurses reports were received from all committees, the married nurses' section stating that an Easter food parcel had been sent to England. A donation from the bazaar section of the successful tea was voted towards the Scholarship Fund. Following business, L. Arnott's group was in charge when a social hour took place.

General Hospital

The Trillium Business and Professional Women's Club held a regular meeting in the nurses' recreation room when the room, furnished by the club, was dedicated by Canon H. L. Newton. Assisting in the service was M. Jackson, superintendent of nurses, H. Love, vice-president, Student Nurses' Association, and Mr. A. K. McTaggart, business administrator of the hospital. A social hour was enjoyed under the convenership of L. Bain, J. Nicol, and G. Lamont. Miss Jackson presided at the tea table.

Helen (Livingstone) Dyck is back on duty at the hospital.

Mental Hospital

The following student nurses have left for Winnipeg to begin their affiliation at Grace Hospital: A. Hanson, A. Martins, and F. Cady. N. Caithness, A. Kolbuck, and C. Rogalski will go to the Children's Hospital, Winnipeg.

Winnipeg General Hospital

The March meeting of the alumnae association was highlighted by a floral demonstration by the Orchid Florists. At the conclusion of the meeting each member was pleased to receive a part of this colorful display. Grace Johnson was nominated chairman of the Nominating Committee for the coming year.

NEW BRUNSWICK

SAINT JOHN

Gertrude M. Hall, C.N.A. general secretary, was guest speaker at a meeting of Saint John

Chapter. She discussed the new two-year training program for nurses being carried on at the Metropolitan School of Nursing in Windsor, Ont., and at the Toronto Western Hospital. Alma F. Law, N.B.A.R.N. executive secretary, who introduced Miss Hall, told the members of the success of the new plan instituted in the province whereby student nurses write five of the qualifying exams for their R.N.'s at the end of the first year of training. In this way unsuitable candidates for the profession are weeded out in advance.

The annual ball of the Private Duty Section of the local chapter proved to be a very successful event. Under the patronage of His Honor the Lieut. Governor and Mrs. MacLaren, His Worship the Mayor and Mrs. G. E. Howard, Mr. and Mrs. R. Gale, and Dr. J. McInerney, M. MacDonald and M. Parsons were the conveners in charge of arrangements.

General Hospital

V. LaRose was guest speaker at a meeting of the alumnae association when she spoke on "Outpost Nursing." A social hour followed.

NOVA SCOTIA

HALIFAX

Tuesday, March 6, was a happy day for the 28 students who received the cap of the Halifax Infirmary School of Nursing. In addition to the faculty members, the occasion was honored by the presence of Mother M. Evaristus, founder of Mt. St. Vincent College, and Sr. M. Rosaria, college president. Among the students receiving the cap were the first two enrolled as members of the Integrated Course in Nursing. This new course, offered by the college, covers a period of four calendar years when college subjects are combined with 30 months' professional training at H.I. and affiliated institutions. The college confers the degree of Bachelor of Science in Nursing upon successful completion of the four years. Graduates are eligible for membership in the R.N.A.N.S.

The students were welcomed as members of the school of nursing and reminded that their responsibilities and obligations to their patients extend beyond physical care—that they can have a lasting influence on each patient by their own attitude and example. A highlight of the ceremony was "The Pledge at Capping" recited by the students.

ONTARIO

DISTRICT 1

The annual meeting of the district was held on January 25 at Westminster Hospital, London. There were 165 members present. Edith Horton, first vice-chairman, presided in the absence, through illness, of Mrs. Mildred Harrison, chairman. Rev. A. L. Manley, Protestant padre of Westminster Hospital, gave the invocation. Greetings were extended by Dr. C. MacLeod, superintendent of the hospital. Edith Fenton, assistant secretary, R.N.A.O., was a special guest.

She traced the relation of the district to the R.N.A.O. and emphasized the value of full cooperation in achieving our goals.

Various reports were presented. They gave a picture of considerable activity throughout the district and showed what is being done to improve professional working conditions and to raise the standards of nursing efficiency. There is a total membership in District 1 of 1,175. It was recommended that a councillor from Leamington be added to the district executive.

A delicious dinner was provided by the alumnae associations of Victoria, St. Joseph's, and Ontario Hospitals. During the evening, Dr. T. H. Coffey, medical director of Woodeden Camp, gave a very interesting and informative account of his work with cerebral palsied children. Muriel Kennedy introduced Dr. Coffey. He was thanked by Marion Stewart.

Officers, committee chairmen, and councillors elected for the ensuing year include: Chairman, E. Horton; vice-chairmen, Mrs. H. Griffiths, G. Erskine; secretary-treasurer, M. Graham. Committee conveners: Hospital and school of nursing, M. Ion; private nursing, J. Wilmer; public health, P. Thomson; industrial nursing, M. Langford; membership, Mrs. H. Maitland; finance and *Canadian Nurse* circulation, Mrs. M. Jackson; publications, M. Russell; program, O. O'Neill. Councillors: Chatham, Mrs. I. Meloche; London, O. O'Neill; St. Thomas, M. Stewart; Sarnia, D. Carr; Strathroy, W. Hughes; Windsor, Mrs. W. Homes.

District 4

St. Catharines

Nearly 100 nurses were present at the annual meeting of Niagara Chapter which took the form of a dinner held in January. The guest speaker was the Hon. MacKinnon Phillips, M.D., Minister of Health for Ontario. Dr. Phillips, introduced by Dr. D. V. Currey, M.O.H. for St. Catharines, discussed the nursing situation, revealing his practical and sympathetic awareness of today's problems. Helene Snedden, district chairman, and other members of her executive from Hamilton, were welcome visitors.

The dinner marked the completion of a very successful two-year term of office by the retiring president, B. Lousley. Warm appreciation of all that she had done for the chapter was expressed to her and, at the conclusion of the meeting, the new president, D. Sharpe, was welcomed.

The Educational Committee of the Community Nursing Registry held the following refresher classes: Two demonstrations of the new chart form—Miss Hill, assistant director of nursing, General Hospital; tidal irrigation and the importance of measuring intake and output—Dr. A. D. Williams; demonstrations —suction and drainage apparatus, carbon dioxide and oxygen therapy, operation of Armstrong incubator, and intramuscular therapy. E. Bell Rogers, director of nursing,

is arranging for a round table discussion of nursing problems at a later date.

Mack Training School

Dr. C. M. Hoffman, of the Lincoln County health unit, was the guest speaker at a meeting of Mack Training School Alumnae Association, St. Catharines General Hospital, when he spoke on "Immunization and Communicable Diseases." The speaker, born in China, attended the University of Toronto, and remarked that Canadians were fortunate and many probably did not appreciate the splendid health programs in operation for their benefit. Mention was made of tetanus in the newborn in other countries due to umbilical ties being made with dirty shoestrings.

The annual dinner and dance in honor of the graduation class is being held early in May.

WELLAND

D. Sharpe was in the chair at a regular meeting of Niagara Chapter held at the nurses' residence when the members were the guests of G. Bradshaw and her staff. Dr. J. S. Cull of the Red Cross Blood Transfusion Service was guest speaker, outlining the growth of the work since its inception and emphasizing the help that nurses can give by being donors themselves and enlisting the interest of others.

NIAGARA FALLS

Five hundred music lovers attended a well-rounded program, presented by the Summers' Trio, under the sponsorship of the Greater Niagara Hospital Alumnae Association. Norman Summers, baritone, Erica Zentner, violinist, and James MacDonald, pianist, members of the trio, have been widely praised throughout the country.

DISTRICT 5

Toronto General Hospital

S. Sewell is assistant director of nurses, in charge of operating room and recovery room service at Vancouver General Hospital. Ethel Stewart is supervisor of home nursing, Toronto branch, Red Cross. Jean Hodsdon is nursing arts instructor at Oshawa General. She was formerly clinical supervisor at Toronto Psychiatric Hospital. M. Forman is head nurse, surgical supply room, Oshawa General. Betty Westcott is with the Township of Etobicoke board of health while Jean Ewing has joined the City of Toronto health department. Lyla Groat is with the Owen Sound board of health. I. Crandall is at Dryden with the Red Cross Outpost Hospital while M. Proudlock is at Rainy River.

Irene Moore, clinical instructor at Oshawa General since March, 1950, has resigned. E. Kirton and Florence Stewart have resigned from the Simcoe and Peel County health units respectively. Ruth Morrison is studying for her master's degree at Columbia.

District 7

Kingston

Ontario Hospital

A pot-luck supper was held by the alumnae association recently, followed by an educational film, showing the gradual development of a depressed mental condition. It clearly depicted that a secure and loving home for children would help to prevent mental illness in later life. The nurses also enjoyed a travelogue which covered many points of interest in and around Kingston.

District 8

Lila Langford was re-elected chairman of the district at the annual meeting held at the Ottawa Civic Hospital. A talk on the aims and purposes of the provincial association was given by Edith Fenton, assistant secretary, R.N.A.O. Pointing out that nurses were the first professional women's group to organize on an international basis, she outlined the many advantages to be found in the association and urged nurses to give it their support through increased membership. Loan funds for post-graduate work, direction for personnel policy, sickness and accident insurance are benefits to be derived by belonging to the R.N.A.O. A. Landon introduced the speaker while E. Gordon thanked Miss Fenton.

E. Pepper reported that parcels had been sent to four elderly nurses in the United Kingdom and that a donation of linen had been forwarded to the Queen's Visiting Nurses for use among elderly patients in London. M. Phillips, secretary, M. Thompson, treasurer, and V. Foran, membership convener, all indicated a successful year in their various departments. The Cornwall and Pembroke Chapter reports were sent in by M. Nephew and Sr. M. Evangeline.

The following officers will serve during the coming months: Vice-chairmen, M. Nephew, V. Adair; secretary, M. Phillips; treasurer, I. Dickie; councillors, G. Boland, D. Browne, M. Woodside, A. Saunders, M. Lamb, Sr. M. Evangeline.

Prior to the meeting, members of the executive entertained at a dinner in honor of Miss Fenton.

QUEBEC

Montreal

Herbert Reddy Memorial Hospital

Mrs. Crewe presided at a meeting of the alumnae association when routine business was conducted. Cards were later enjoyed by the members.

Royal Victoria Hospital

The first meeting of the newly organized Head Nurses' Association of Montreal was held in March in the nurses' home. Admitting office appointments include K. Steeves and Edna Brown. The following were visitors to the nursing school office: Mrs. Grant (1945), Patricia Boyd, now at Duke University, Durham, N.C., and Bettina Brock from British Columbia.

Quebec City

Jeffery Hale's Hospital

There were no changes made in the executive at the annual meeting of the alumnae association. M. E. Lunam has resigned as superintendent of nurses and is succeeded by B. A. Beattie. F. Gray has resigned from

the Laurentide Hospital at Grand'Mère and has joined the T.C.A.

SASKATCHEWAN

MOOSE JAW

Dr. G. Kent was guest speaker at a meeting of Moose Jaw Chapter. Dr. Kent, pathologist from England, is to head the laboratories at the General and Providence hospitals.

General Hospital

New additions to the staff include F. Steele, R. Wagner, A. Herd, and L. Anderson. V. Hansford and A. Tait have resigned.

Providence Hospital

The new $30,000 laboratory is now ready for use as well as an extension of the physiotherapy department.

Regional Health Centre

Another series of prenatal classes, conducted by D. Code, senior public health nurse, has been completed.

REGINA

Grey Nuns' Hospital

The hospital was honored to receive a visit from the Hon. Paul Martin, Minister of National Health and Welfare, and Dr. E. McCusker, his parliamentary assistant and M.P. for Regina.

The school of nursing sponsored a two-day project on pharmacology when displays on vitamins, antibiotics, antihistamines, hormone products, and barbiturates were prominent. Representatives of various drug companies were in charge of the display and gave talks on the above subjects. Several films were also shown. Mr. J. M. Anderson gave a talk on "Vitamin B-12." The second evening session was combined with the regular meeting of the Regina Chapter when Dr. A. K. Roy spoke on "Allergies and Allergens."

Recent speakers in the Social Culture Program of the school included: Miss G. Miller, Robert Simpson Ltd.; Mrs. M. Clarke, Beauty Counselors; Frederic, hair stylist, Elizabeth Arden; Mr. E. Phaneuf, *Regina Leader-Post.*

Twelve staff nurses have completed a course in first aid sponsored by the Red Cross.

SASKATOON

City Hospital

Members of the 1953-B class of the school of nursing received their caps at a candle-lighting ceremony attended by parents and friends. After being capped by G. James, each girl received a lighted candle (symbolic of the spirit of nursing) from Mrs. H. A. Armstrong. Nurses' testaments were presented by Mmes S. F. Anderson and C. B. Dewar on behalf of the Gideon Society. Following the Nightingale Pledge, the newly capped students were welcomed by H. Bowes,

president of the Student Nurses' Association. With J. Eckdahl as mistress of ceremonies, a program followed, presenting talent of the 1952-B and 1953-B classes. Refreshments were served later by the Big Sisters—the 1952-B's.

The new preliminary nursing students were honored at a Big Sister-Little Sister tea with an attendance of 150. Tea honors were performed by the senior students. J. Howes, J. Eckdahl, M. Evans, and the 1952 class were in charge of arrangements.

Dr. H. D. Dalgleish was guest speaker at a meeting of the alumnae association when he described his trip to Europe.

New staff members include: F. Bassingthwaighte, Brita Brown, A. Carswell, V. Fisher, J. Gibson, L. Elstad, B. Laing, H. Paetkau, A. Tooke, S. Webster, R. Ward, M. Stewart.

St. Paul's Hospital

M. Dingwall was re-elected president of the alumnae association at the annual dinner meeting held at the nurses' residence. Arrangements were made by M. Basaraba and Mrs. I. Redston under the supervision of the Sisters and assisted by the student nurses. M. O'Hara was chairman and the guests were welcomed by the president. The toasts were proposed as follows: The King, S. Leeper; the School, Mrs. D. E. Gauley; the Sisters, L. Zuk. A delightful program was presented by the student nurses. At the business session which followed, reports of the year's activities were heard.

The new executive also includes: Vice-presidents, Mrs. R. G. McKay, I. Burkitt; secretary, N. Humphries; treasurer, Mrs. I. Redston; councillors, S. Leeper, A. Kucirka, Mmes T. L. Atwell, M. Rogers.

Capping of the Freshmen "A's" and presentation of "Black Bands" to students of the graduation class at a moving re-dedication ceremony preceded a Thanksgiving Mass which was followed by a breakfast for the "New Caps" and "Black Bands." Later a welcome party was given to the 22 new Freshmen "B".

The educational program for the graduate staff was continued with the following addresses: How to Raise Enthusiasm in the Nursing Profession, H. Keeler, director, University of Saskatchewan School of Nursing; Shock Treatment, Dr. Z. Selinger; Civil Defence, Mr. D. Fusedale; Guidance Counselling, Mr. Morris, Nutana Collegiate.

A "Welcome Back" is extended to Sr. Superior B. Bezaire and Sr. A. Ste. Croix, returning from Montreal.

Saskatoon Sanatorium

New members on the staff include: Mrs. C. Butler, L. Nicholson, M. Belyea, J. Durrant, I. Hamilton, M. (Welsh) Hill, Mrs. M. Wilkins. The following have resigned: L. Keating-Fisher and V. Gillespie to do public health nursing; J. Erickson and F. McNutt to go to Prince George, B.C.; E. (Howard) Dumas and M. (Findlay) Coward.

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Director of Nurses for hospital with Training School located in Ontario. Apply c/o Box W, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Asst. Supt. of Nurses immediately for Children's Hospital, Halifax, N.S. Capable of assisting with Educational Program for Undergraduate Nurses. Also **Science Instructor** by end of June. Both these positions offer good salaries plus full maintenance & 1 mo. vacation after 1 yr. service. Apply, stating qualifications, experience, etc., to Director of Nurses.

Nursing Arts Instructor for School of Nursing, Provincial Mental Hospital, Ponoka, Alta. Apply, stating qualifications, age, experience & date available for duty, to Supt. of Nurses.

Science Instructor by Aug. 1 for 160-bed hospital with School of Nursing. New residence, including Teaching Dept., opened last Aug. & new hospital opened this May. Apply Miss V. Graham, Director of Nursing, Sherbrooke Hospital, Sherbrooke, Que.

Night Supervisors. Shifts: 4:00-12:00 and 12:00-8:00. Apply Supt. of Nurses, General Hospital, Parry Sound, Ont.

Asst. Night Supervisor, Obstetrical & Nursery Supervisors & General Duty Nurses immediately. Full maintenance. 1 mo. vacation in addition to salary which is on scheduled rate of increase. New Wing recently opened. Apply Director of Nursing, General Hospital, Brockville, Ont.

Obstetrical Nurses with case-room experience. 44-hr. wk. Apply Supt., Salvation Army Grace Hospital, 133 Bloor St. E., Toronto 5, Ont.

Public Health Nurses for Peel County Health Unit for generalized program. Unit is near Toronto. Salary range: $2,200-2,600 per yr. Liberal car allowance, holiday & sick leave benefits. For full information write Dr. D. G. H. MacDonald, Court House, Brampton, Ont.

Registered Nurses for General Duty in Tuberculosis Sanatorium, 7½ miles from Prince Rupert. Salary: $200 per mo. less $30 per mo. for room, board & laundry. Regular Civil Service sick leave & holidays. Transportation refunded on arrival on promise of 1 yr. service. Give full details of qualifications & experience in 1st letter. Apply by airmail to Dr. J. D. Galbraith, Medical Supt., Miller Bay Indian Hospital, Prince Rupert, B.C.

Registered Nurses for General Staff in 21-bed hospital. Salary: $155 per mo. Room, board, uniform laundry provided. Rotating shifts. 48-hr. wk. Blue Cross Plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, General Hospital, Espanola, Ont.

Registered Nurses for new 60-bed hospital. Good salary. Generous holiday & sick leave. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. Large, well-equipped modern hospital (5,340 births in 1950) with opportunities for wide experience in Obstetrical Nursing. Vacancies on Delivery Floor, Nurseries, Postpartum Floors. 44-hr. wk. Statutory holdays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus of approx. $3.00. For other perquisites & further information write Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

Nursing Arts Instructor for General Hospital, Hamilton, Ont. Nurse experienced in bedside nursing & ward administration & with post-graduate course in Teaching & Supervision required. Initial gross salary bi-weekly: $99 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites—vacation, illness, pension, etc.—& further information apply Supt. of Nurses.

Public Health Nurse by July 1 for Waterloo Township Board of Health. Liberal car allowance. Apply Dr. C. C. Belyea, Medical Officer of Health, 28 Weber St. W., Kitchener, Ont.

Operating Room Nurse—graduate with experience in O.R. or post-graduate course preferred. Full maintenance. 1 mo. vacation on salary. Also **Nurse** with knowledge of **Laboratory & X-Ray.** Apply Supt. of Nurses, District Memorial Hospital, Winchester, Ont.

Operating Room Nurses (experienced). Also **General Duty Nurses.** Apply Director, Nursing Services, Toronto Hospital for Treatment of Tuberculosis, Weston, Ont.

Public Health Nurses for Kent County Health Unit which is carrying out generalized program in Southwestern Ontario. Present minimum salary is $2,150 but suitable adjustments

made for experience. Unit cars available & for those who wish to drive own cars, travel allowance of 8 cts. per mile paid. Apply, stating age & qualifications, Supervisor of Nurses, Kent County Health Unit, Chatham, Ont.

Registered Staff Nurses (2) immediately. Salary: $150 per mo. with full maintenance. 8-hr. day. Holidays after 1 yr. service: 2 wks. with salary & maintenance. Town of 2,000 pop. on main C.N.R. from Saskatoon to Calgary. Good recreational centre, including golf, tennis, swimming pool, skating, curling. Apply Supt. of Nurses, Union Hospital, Kindersley, Sask.

General Duty Nurses for Operating Room, Pediatrics, General Surgical & Medical Nursing for summer relief or permanent positions. For information & personnel policies write Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses (2) for 60-bed hospital. 48-hr. wk. Salary: $125 per mo. with 2 annual increments of $5.00. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Supt., General Hospital, Goderich, Ont.

Registered Nurses for General Duty in 25-bed General Hospital. Salary: $140 per mo. plus full maintenance. 44-hr. wk. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

University of Alberta School of Nursing requires: (1) **Supervisor of Instruction** to take charge of teaching program in undergraduate diploma & degree courses & to assist with postgraduate courses in nursing offered at university. Salary: $235-270. (2) **Asst. Supt. of Nursing Service.** Salary: $230-250. (3) **Operating Room Clinical Supervisor.** Salary: $210-230. Perquisites: 46-hr. wk. 11 statutory holidays. 31 days vacation. Cumulative sick leave. Pension plan. Apply Director, School of Nursing, University of Alberta Hospital, Edmonton, Alta.

Science Instructor & Surgical Clinical Instructor by Aug. 20 for School of Nursing, General Hospital, Regina, Sask. Salaries open. Apply to Supt. of Nurses.

Teaching Supervisor for Dept. of Medicine, Teaching Supervisor for Dept. of Crippled Children, Teaching Supervisor for Dept. of Obstetrics, Head Nurse for Newborn Nurseries, Case Room Nurse & Scrub Nurses for General Hospital, Regina, Sask. Salaries open. Apply, stating qualifications, experience & salary expected, to Supt. of Nurses.

General Duty Nurses for General Hospital, Regina, Sask. 800 beds. 45-hr. wk., rotating shifts. Minimum salary (gross): $160.50 plus daily premium of 40 cts. per evenings & 35 cts. per nights. Vacation: 2½ days per mo. of service plus statutory holidays. Sick time: 21 days annually after 1st yr. Apply Supt. of Nurses.

Nursing Arts Instructor for teaching staff of 450-bed hospital. 165 students. Apply, stating qualifications, Director of Nursing, General Hospital, Saint John, N.B.

Registered Nurses for General Duty for 200-bed hospital in Niagara Peninsula. 46-hr. wk. Statutory holidays. Sick leave. 3 wks. vacation annually. Gross salary: $175. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Public Health Nurse for generalized program with Health Unit. Minimum salary: $2,000 with allowance for experience. 4 wks. vacation & Blue Cross Hospital Plan available. Car provided. Apply Miss F. L. Fish, Supervisor of Nurses, Bruce County Health Unit, Walkerton, Ont.

Asst. Instructor of Nursing (qualified) by Sept. 1. Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Chief Superintendent,
Victorian Order of Nurses for Canada,
193 Sparks Street,
Ottawa.

Graduate Nurses for modern 100-bed hospital, 60 miles from Vancouver on Trans-Canada highway. Basic salary: $175 plus present C.O.L. adjustment $5 increase. 4 annual increments, $10, $5, $5, $5. Board, residence, laundry charges, $35 per mo. 44-hr. wk. 10 statutory holidays: 28 days annual vacation. 1½ days sick leave per mo. accumulative to 36 days. Apply Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby. Initial salary: $2,140 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 5-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

Nurses—Interesting work with excellent opportunity to gain experience in Orthopedic & Pediatric Nursing. 65-bed hospital. Basic gross salary: $175 plus substantial bonus. Rotating shifts. Room, board & laundry provided at nominal deduction. Staff housed in well-furnished cottages on waterfront. Boating, fishing, tennis. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 26 miles from Victoria. Apply, giving date of graduation, training school, age & experience, Queen Alexandra Solarium for Crippled Children, Cobble Hill, V.I., B.C.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $125 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end each mo. 1 mo. annual vacation. 14 days sick leave. Apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Vancouver General Hospital requires: (1) **Psychiatric Clinical Instructor**—Salary: $217-242; (2) **Three Junior Classroom Instructors**—Salary: $207-232; (3) **General Staff Nurses**—Salary: $185-215 plus afternoon & night shift differential. Perquisites: 44-hr. wk.; 11 statutory holidays; 28 days vacation; 1½ days per mo. cumulative sick leave; Pension Plan (if under 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

General Duty Nurses. Salary: $163.40 per 4 wks. 26 pays in a yr. on a bi-weekly basis. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Graduate Nurse for new modern 20-bed hospital. Salary: $150 per mo. & full maintenance. 8-hr. day, 6-day wk. 2 wks. with pay end of yr. Community near U.S. border. English-speaking population. Apply P. J. Rasmussen, Sec., Community Hospital, Climax, Sask.

Nursing Arts Instructor, Asst. Operating Supervisor, Night Supervisor, General Duty Nurses for 200-bed General Hospital. Salaries: $195, 195, 205, & 175 plus Cost of Living Bonuses, respectively. 8-hr. day, 88-hr. fortnight. Statutory holidays. Sick time. 4 wks. annual vacation. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Dietitian immediately for 180-bed hospital & School of Nursing. Salary: $175 per mo. plus board, room & laundry. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

• DIRECTOR OF NURSING •

Applications will be received by the undersigned for the position of **Director of Nursing** of the **Saskatoon City Hospital, Saskatoon, Sask.,** a 350-bed General Hospital. University affiliation. Duties will include those of the Principal of the School of Nursing. Comfortable suite provided in residence.

L. T. Muirhead, General Superintendent.

Nursing Arts Instructor for School of Nursing of 94 students. Excellent classroom facilities & living accommodation. Preference given applicants with experience. Good educational background essential. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Instructor (qualified) for Training School for Nurses. 144-bed hospital (new hospital anticipated in near future). Good salary with full maintenance. Apply, stating qualifications, experience & salary expected, Supt., Aberdeen Hospital, New Glasgow, N.S.

Educational Director (qualified). 548 beds. Well established affiliation program, to initiate staff education program. Communicable, tuberculosis & chronic diseases. Excellent personnel policies, working conditions, pension plan. Annual vacation with pay. Statutory holidays. Sick benefit plan. Apply, stating full qualifications, experience, salary expected, etc., in 1st letter, Personnel Manager, City of Winnipeg, 160 Princess St., Winnipeg, Man.

Supervisor, Out-Patient Dept., Nursing Arts Instructor, Science Instructor, Clinical Instructor in Medicine, Clinical Instructor in Surgery, Operating Room General Staff—all by Aug. 1. Hospitalization, sick leave, superannuation benefits. 1 mo. vacation annually. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

General Duty Nurse for 40-bed hospital. 5 hrs. travelling time from Vancouver. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases & cumulative sick leave. Self-contained nurses' home. Commencing salary: $2,100 annually plus $10 monthly bonus. Full maintenance for $40 per mo. Apply Director of Nursing, General Hospital, Princeton, B.C.

Nursing Arts Instructor & Science Instructor by Aug. 1. New hospital now under construction. Apply, stating qualifications & salary expected, Supt., Charlotte County Hospital, St. Stephen, N.B.

Nursing Arts Instructor & Science Instructor. Also **Graduate Nurse for Central Supply & General Duty Nurses.** Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nursing, General Hospital, Woodstock, Ont.

Registered Nurses immediately (urgent) for 10-bed hospital—also cribs & bassinets. Salary: $150 with full maintenance & up as qualified. Separate nurses' residence. Full-time resident doctor with major & minor operations. Bus service daily to Saskatoon. Progressive town, with 500 pop.; well treed & considered oasis of prairies. Apply Sec.-Treas., Union Hospital, Eatonia, Sask.

Director of Nursing Education for Victoria Hospital, Prince Albert, Sask. 160 beds; student enrolment 60. New classroom, demonstration room & library. Apply Supt. of Nurses.

Asst. Director of Nursing for 90-bed hospital. Apply, stating qualifications, Director of Nursing, Prince George & District Hospital, Prince George, B.C.

Dietitian for 107-bed General Hospital. Good working conditions & salary. Apply Supt., Kirkland & District Hospital, Kirkland Lake, Ont.

General Duty Nurses for 107-bed modern hospital. Starting salary: $165 per mo. plus meals & laundry; additional for night duty. Increases at 6 mos. & annually thereafter for further 2 yrs. 30 days holiday with pay after 1 yr. service. Medical & hospital plans available. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

Dietitian for 400-bed hospital. Must be graduate of recognized School of Dietetics. Apply Chief Dietitian, General Hospital, Saint John, N.B.
